1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. N-208 72 11001 REG. NO. 72 11001 STATE OF MARYLAND—DHMH

1. NAME OF DECEASED (Type or Print): Julia Nagy
2. DATE AND HOUR OF DEATH: 16 November 1972 | 1:07 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: 00 — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1924 Mount Royal Terrace
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland — B. COUNTY: 1302 — C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES [X] NO [ ] — E. STREET AND NUMBER: 1924 Mount Royal Terrace
5. SEX: Female
6. RACE: Cau
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 5/28/1893
9. AGE (In years last birthday): 79 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Hungary
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Bela Zareczky
14. MOTHER'S MAIDEN NAME: Julia Voneky
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): no — NO
16. SOCIAL SECURITY NO.: 214-74-2367
17. INFORMANT: George R. Tullis — ADDRESS: 1924 Mt. Royal Ter.

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 4124 I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Arteriosclerotic cardio- — DUE TO, OR AS A CONSEQUENCE OF: vascular disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 15 yrs.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No — 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED — While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from August 28 1972 to November 16, 1972, that (I) (We) last saw the deceased alive on November 12, 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Lloyd E. Saylor, M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 16 November 197
23C. PHYSICIAN'S NAME (Type): Lloyd E. Saylor, M.D. DEGREE
23D. ADDRESS: 3902 Greenmount Ave.

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation.
24B. DATE: 11/17/72
24C. NAME of CEMETERY or CREMATORY: Security Process Inc.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 20 1972
25B. NAME OF REGISTRAR: Sidney Winston
25C. FUNERAL DIRECTOR — ADDRESS: ULLRICH FUNERAL HOME, Baltimore, Maryland 21206

VS 150

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. T-653 72 11002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11002
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Samuel M. Thornton

2. DATE AND HOUR OF DEATH: November 18, 1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2421 McCulloh Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 2421 McCulloh St., Baltimore, Md. 1303
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2421 McCulloh Street

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	Black	[X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED	5/17/1900	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Truck Driver		Dallas, Texas	U.S.A.

13. FATHER'S NAME: Thornton

14. MOTHER'S MAIDEN NAME: Elizabeth Sparks

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		215-10-2720	Mrs. Gladys Thornton	2421 McCulloh St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1374.1	(A) IMMEDIATE CAUSE: Carcinoma victims	6-12 mos.
	(B) DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
10/72	Carcinoma	No	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from October 6 19 72 to November 19 19 72, that (I) (we) last saw the deceased alive on October 25 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. [X]	Med. Director [ ]	Staff Phys. [ ]	23B. DATE SIGNED
Joseph Shear MD					11/20/72 Balto

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
J SHEAR MD		6715 Park Heights Ave 21215

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/22/72	Arbutus Mem. Park	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 20 1972	Sidney Thornton	Mary E. Law	802 Madison Avenue

VS 150-REV. 1/1/68

1

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

R-500 72 11003

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11003 REG. NO.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM RENNA		2. DATE OF DEATH: Known ☐ Estimated ☒ Month: November Day: 17 Year: 1972 Hour: M.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: FULL NAME OF HOSPITAL OR INSTITUTION: 00 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Gwynns Falls-Wilkens Ave. & Dukeland St.		3. DATE PRONOUNCED DEAD: Month: November Day: 18 Year: 1972 Hour: 8:36 A M.	
		5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 2005	
6. SEX: Male	7. RACE: White	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
9. DATE OF BIRTH: Sept. 8, 1951	10. AGE (In years last birthday): 21	If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.	E. STREET AND NUMBER: 2636 Lehman Street
11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME: Wm. C. Renna
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY: 213-54-4245		15. MOTHER'S MAIDEN NAME: Mary C. Renna
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No	17. SOCIAL SECURITY NO.		18. INFORMANT: Mary Renna ADDRESS: 2636 Lehman St. Balto Md 21223

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E 910.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Drowning

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): Yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Water	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2006 Gwynns Falls-Wilkins Ave. & Dukeland St.
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-17-72 ? m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCoccur? Found in water

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

Deputy CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: November 18, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 11/22/72	24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem.	24D. LOCATION (City, town, or county) (State): Baltimore Md.
25A. DATE REC'D BY HEALTH DEPT.: NOV 20 1972	25B. NAME OF REGISTRAR: Sidney S. Norton	25C. FUNERAL DIRECTOR: Henry L. Schwartz Jr.	ADDRESS: 201 Frederick Ave Balto. Md. 21223

VS 151-REV. 1/1/68

N 994.1

1

B-240 72 11004 STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 72 11004

1. NAME OF DECEASED (Type or Print): ROBERT BOSWELL

2. DATE OF DEATH: Known ☐ Estimated ☒ Month: November Day: 17 Year: 1972 Hour: M.

3. DATE PRONOUNCED DEAD: Month: November Day: 18 Year: 1972 Hour: 8:26 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
Gwynns Falls - Wilkins Ave & Dukeland St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2005

6. SEX: Male 7. RACE: White 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 12/24/58 10. AGE (In years last birthday): 13 If Under 1 Yr. Months, Days, If Under 24 Hrs. Hours, Min.:

E. STREET AND NUMBER: 2636 Lehman St.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Earl Boswell

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

14B. KIND OF BUSINESS OR INDUSTRY: —

15. MOTHER'S MAIDEN NAME: Nancy Renna

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.: None

18. INFORMANT ADDRESS: Mary Renna 2636 Lehman St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — E910.9

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Drowning
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Water

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Gwynns Falls 2006

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-17-72 ? m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Found in water

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

Deputy CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: November 18, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11/22/72

24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem

24D. LOCATION (City, town, or county) (State): Old Frederick Rd - Balto Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 20 1972

25B. NAME OF REGISTRAR: Sidney Silverstone

25C. FUNERAL DIRECTOR: Geo. L. Schuh, Inc.

ADDRESS: 501 Fredericks Balto. Md. 21223

VS 151-REV. 3/1/68

N 944.1

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-26 72 11605

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11605

REG. NO.

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): Richard Baskerville	2. DATE AND HOUR OF DEATH: November 15, 1972 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: 46 Lutheran Hospital — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 1502 C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES XX NO ☐ E. STREET AND NUMBER: 1629 N. Monroe Street

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	Negro	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	Jan 5, 1905	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Baskerville	Carrie Jiggetts

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	212-09-6509A	Claudia Baskerville	1629 N. Monroe Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose, injury or complicotion which coused deoth.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Acute Myocardial Infarction	2-3 hrs.
DUE TO, OR AS A CONSEQUENCE OF: (B)	Hypertensive Cardiovascular Disease	12-14 yrs.
DUE TO, OR AS A CONSEQUENCE OF: (C)	Generalized Atherosclerosis	17 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	None	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
—	—	No	—

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in or about home, farm, foctory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Boltimore City, give exoct locotion)
—	—	—

21D. TIME OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?
—		—

22. I certify that (I) (this hospital) attended the deceased from 1958 19 to 11 — 4 19 72, that (I) (we) last saw the deceased alive on 11 — 4 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~Have~~) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
James D. Solomon, M.D. DEGREE	Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]	11-17-72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
JAMES D. SOLOMON, M.D. DEGREE	2327 W. North Ave., Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-18-72	Cedar Hill	A. A. Co., Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 20 1972	Sidney [illegible]	Arlington S. Phillips 1727 N. Monroe Street

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 7-612 72 11006

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11006

STATE OF MARYLAND-DEPT

1. NAME OF DECEASED (Type or Print): Anna Louise Forbes	2. DATE AND HOUR OF DEATH: November 14, 1972 — 9:15 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: 39 — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, Baltimore, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland — B. COUNTY: 1512 — C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES [XX] NO [ ] — E. STREET AND NUMBER: 2921 Norfolk Avenue
5. SEX: Female — 6. RACE: Negro — 7. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Dec. 7, 1920 — 9. AGE (In years last birthday): 51 — If Under 1 Yr. Months / Days — If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Baltimore, Maryland — 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph Parker	14. MOTHER'S MAIDEN NAME: Nellie Brown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO.	17. INFORMANT: William H. Forbes — ADDRESS: 2921 Norfolk Avenue

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. I	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — (A) IMMEDIATE CAUSE: Oat cell carcinoma — DUE TO, OR AS A CONSEQUENCE OF:	
	ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. — (B) DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED — While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?	

22. I certify that (I) (this hospital) attended the deceased from 9/1 19 72 to 11/14 19 72, that (I) (we) last saw the deceased alive on 11/14 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S. Neuilles — DEGREE: Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]		23B. DATE SIGNED: 11/15/72.
23C. PHYSICIAN'S NAME (Type): STEPHEN V. NEUILLE — DEGREE: MD	23D. ADDRESS: JOHNS HOPKINS HOSPITAL	

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 11-18-72	24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cemetery	24D. LOCATION (City, town, or county) (State): A.A. Co., Maryland	
25A. DATE REC'D BY HEALTH DEPT.: NOV 20 1972	25B. NAME OF REGISTRAR: Sidney L. Morton	25C. FUNERAL DIRECTOR: Arlington S. Phillips	ADDRESS: 1727 N. Monroe Street	

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11 12 72

BIRTH NO. 7-322

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

72 11607

REG. NO. 72 11607

STATE OF MARYLAND—DHMH

1. NAME OF DECEASED (Type or Print) FITZHUGH, EDWARD S.	2. DATE AND HOUR OF DEATH 11/12/72 | 11:20 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 33 The Johns Hopkin s Hospital	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1509 C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES XX NO ☐ E. STREET AND NUMBER 2209 Mt. Holly Street

5. SEX	6. RACE	7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	Negro		10/13/13	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver		Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Seymore Fitzhugh	Catherine Banks

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	214-14-0743	Gladys Fitzhugh	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: S/P CARDIAC ARREST — DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 HRS.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
22		Yes	No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 11-6 19 72 to 11-12 19 72, that ~~(I)~~ (we) last saw the deceased alive on 11-12 19 72 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Charles H. Diggs M.D. DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒	11-12-72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
CHARLES H. DIGGS M.D. DEGREE	601 N. BROADWAY BALTO. MD. 21205

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-16-72	Arbutus Mem. Pk.	Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 20 1972	Sidney Norton	Wellington S. Phillips	1722 N. Monroe St

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-630 72 11008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11008

STATE OF MARYLAND—DEATH

1. NAME OF DECEASED (Type or Print): HARRIDAY, JOSEPH W.

2. DATE AND HOUR OF DEATH: NOVEMBER 15, 1972 5:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: ST AGNES HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY
1606
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2841 W LAFAYETTE AVENUE

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
MALE	NEGRO		05 28 07	65				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED		MARYLAND	U S A

13. FATHER'S NAME: Ross Harriday

14. MOTHER'S MAIDEN NAME: LILA FORD

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	213164309	ST AGNES HOSPITAL RECORDS	WILKENS & CATON AVES BALTO MD 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: BronchoPneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
CA of the lung (Rt. side)

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from NOVEMBER 6 1972 to NOVEMBER 15 1972, that (X) (we) last saw the deceased alive on NOVEMBER 15 1972 and that in (XX) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (XX) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐	23B. DATE SIGNED
K. Esna	M.D.		

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
K. ESNA		ST AGNES HOSPITAL WILKENS & CATON AVES BALTO MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-21-72	Mt Auburn Cemetery	Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 20 1972	Sidney Winston	Wm C March	928 E North Ave.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-145 72 11009 REG NO. 72 11009 STATE OF MARYLAND-DEPT.

1. NAME OF DECEASED (Type or Print): MARY E. COPELAND

2. DATE AND HOUR OF DEATH: 11/15/72 1:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 33
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL 601 N. BROADWAY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 808
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES XX NO
E. STREET AND NUMBER: 1039 N. RUTLAND AVENUE

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
FEMALE	NEGRO	WIDOWED X	02/24/10	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Factory Worker		Alabama	

13. FATHER'S NAME: SAMUEL MORAN

14. MOTHER'S MAIDEN NAME: EMMA JAMISON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 341-05-1304

17. INFORMANT: Herman Griffin ADDRESS: 2031 E Hoffman Street

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Prods. cardiopulm. collapse	
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) Alcoholic fatty liver DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		NO	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work / Not While At Work	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/3 19 72 to 11/15 19 72, that (I) (we) last saw the deceased alive on 11/14/ 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kenneth Baughman MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 11/15/72

23C. PHYSICIAN'S NAME (Type): KENNETH BAUGHMAN, M.D. DEGREE — 23D. ADDRESS: JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-20-72	Balto National Cemetery	Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 20 1972	Sidney Whorton	Wm C March	928 E North Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. D-120 72 11010 — REG. NO. 72 11010 — STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Davis, Edna D.

2. DATE AND HOUR OF DEATH: 11/17/72 — 6:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital 301 St. Paul St. 21202

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: 802
C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES [x] NO [ ]
E. STREET AND NUMBER: 1971 Pearlman Pl.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	N	MARRIED [x]	5/21/20	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Smith
14. MOTHER'S MAIDEN NAME: Mary Summerville

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-24-9909
17. INFORMANT: Charles Johnson — ADDRESS: 4835 Poe Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ca esophagus (distal) — 6 mo
DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
9/11/72 10/24/72	Ca esophagus	No	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED — While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/24 19 72 to 10/17 19 72, that (I) (we) last saw the deceased alive on 10/17 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Earl F. Mech Jr MD — DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [x]
23B. DATE SIGNED: 10/17/72
23C. PHYSICIAN'S NAME (Type): EARL F. MECH JR MD — DEGREE
23D. ADDRESS: 301 ST. PAUL PLACE

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-21-72	Mt. Auburn Cemetery	Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 20 1972
25B. NAME OF REGISTRAR: Sidney Morton
25C. FUNERAL DIRECTOR: William C. March — ADDRESS: 928 E. North Ave

VS 150-REV. 1/1/68

61-01-10 djr

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 1-600 72 11011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11011 STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print) LYRA EMMA JANE Emma J. Leary (Lyra)

2. DATE AND HOUR OF DEATH 11-15-72 12.30 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
Baltimore City Hospital
Baltimore City Hospitals
4940 Eastern Avenue Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Baltimore 5300
C. CITY OR TOWN Colgate
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER 7809 Eastdale Road

5. SEX Female
6. RACE Caucasian
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 11-28-13
9. AGE (In years last birthday) 58
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress
10B. KIND OF BUSINESS OR INDUSTRY Pixie Shops
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lawrence B. Leary
14. MOTHER'S MAIDEN NAME Sarah B.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-18-0197
17. INFORMANT BCH: RECORDS
ADDRESS 4940 Eastern Avenue Baltimore, Maryland 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 199.1 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE ADENOCARCINOMA of DUE TO, OR AS A CONSEQUENCE OF: — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 months.
(B) UNKNOWN PRIMARY DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Explor. Laparotomy
20A. AUTOPSY? (Yes or No) Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-16 1972 to 11-15 1972 that (I) (we) last saw the deceased alive on 11-15 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Arturo J. Salazar M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED 11-15-1972
23C. PHYSICIAN'S NAME (Type) ARTURO J. SALAZAR DEGREE
23D. ADDRESS 4940 Eastern Avenue Baltimore, Maryland Baltimore City Hospitals 21224

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 11-18-72
24C. NAME of CEMETERY or CREMATORY Lorraine Park Cemetery
24D. LOCATION (City, town, or county) Baltimore, Maryland (State)

25A. DATE REC'D BY HEALTH DEPT. NOV 20 1972
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR John J. Duda
ADDRESS 7922 Wise Ave. Dundalk, Md. 21222

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. R-552 72 11012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11012 STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): RIEMENSCHNEIDER, MARY

2. DATE AND HOUR OF DEATH: NOVEMBER 16, 1972 | 6:27 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: U. of Maryland Hospital 38
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: HARFORD 6200
C. CITY OR TOWN: FOREST HILL D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: P. O. Box 81, Forest Hill, Maryland 21050

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	W	MARRIED ☒	1/18/18	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Homemaker	Pennsylvania	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH KUKEL	MARY OKATCH

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	176-05-8922	CHART.	

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 2099 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	CARDIAC ARREST	6 min.
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	MYELOID METAPLASIA	4 yr.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
—	—		NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?
—		—

22. I certify that ~~I~~ (this hospital) attended the deceased from 11/15 1972 to 11/16 1972 that (I) (we) last saw the deceased alive on 11/16 1972 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☒	23B. DATE SIGNED
Michael A. Moskowitz M.D. DEGREE				11/16/72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
MICHAEL A. MOSKOWITZ DEGREE	U. of Maryland Hosp

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	11/20/72	Bel Air Memorial Gardens	Bel Air Harford	Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 20 1972	Sidney Thornton	Lassahn Funeral Home	7401 Belair Rd. Balto. 21236

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-200 72 11013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11013

STATE OF MARYLAND-DHMH

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Roche, Mary ESTELLA

2. DATE AND HOUR OF DEATH: 11-16-72 | 11.25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTIYUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital, 48 Baltimore, Md 21201.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1738
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1236 Gittings Ave.

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	W		SEPT. 27, 1886	86				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	—	Balto, Md.	U.S.A.

13. FATHER'S NAME: Thomas E. GROGAN

14. MOTHER'S MAIDEN NAME: Sarah C. BRANNAN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	—	214-74-7039 D 214-03-6064 B	Mr. Edward C. Roche,	SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary Embolism.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

(1) Atherosclerotic cardiovascular disease
(2) Anaemia (3)

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
—			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-1- 1972 to 11-16- 1972 that (I) (we) last saw the deceased alive on 11-16- 1972 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☑	23B. DATE SIGNED
Ahmad	MD				11-16-72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Dr. M. Ahmad	M.D.	Maryland General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11-20-1972	NEW CATHEDRAL CEMETERY	BALTO., Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 20 1972	[illegible]	J. Walter Conklin	5444 Belair Rd.

VS 150-REV. 1/1/68

1

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

K530 72 11014

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 72 11014

1. NAME OF DECEASED (Type or Print)	CLARENCE ALLEN KNOTT	2. DATE OF DEATH — Known ☒ Estimated ☐	Month: November	Day: 15	Year: 1972 — Hour: 12:39 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	33 Johns Hopkins Hospital	3. DATE PRONOUNCED DEAD	November	15	1972 — 12:39 P.M.
		5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland	B. COUNTY	Balto. 5300
6. SEX	Male	7. RACE	White	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	
C. CITY OR TOWN	Randallstown	D. INSIDE CITY LIMITS?	YES ☒	NO ☐	
9. DATE OF BIRTH	17 June 1911	10. AGE (In years last birthday)	60	If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.	
E. STREET AND NUMBER	3704 Cassen ~~Street~~ Road				
11. BIRTHPLACE (State or foreign country)	Maryland	12. CITIZEN OF WHAT COUNTRY?	USA	13. FATHER'S NAME	Allen Joseph Knott
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Industrial Relations	14B. KIND OF BUSINESS OR INDUSTRY	Steel	15. MOTHER'S MAIDEN NAME	Mammie W. Ridgaway
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	No ----	17. SOCIAL SECURITY NO.	217 05 9175	18. INFORMANT — ADDRESS	Miss Ethel Ridgaway Randallstown, Md

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I 412.4 Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
		Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Marvin S Platt M.D.

EXAMINER'S NAME (Type) Marvin S. Platt, M.D.

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED November 16, 1972

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-18-72	Loudon Park	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 20 1972	Sidney Swerdlow	Harry W. Haight	Sykesville, Md.

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-620 72 11015 REG. NO. 72 11015 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): WALTER L. ~~SR~~, MYERS. SR,
2. DATE AND HOUR OF DEATH: 11-16-72 2:35 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: 44 Union Memorial Hospital (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: MD. B. COUNTY: 13 2642 C. CITY OR TOWN: BALTO D. INSIDE CITY LIMITS? YES ☒ NO ☐ E. STREET AND NUMBER: 4247 SHAMROCK AVE.
5. SEX: ~~F~~ M
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-29-14
9. AGE (In years last birthday): 58 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CITY OF BALTO SANITATION.
10B. KIND OF BUSINESS OR INDUSTRY: - Supervisor
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?: AMERICA
13. FATHER'S NAME: - Myers
14. MOTHER'S MAIDEN NAME: DUCHON, ANTOINETTE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 216-01-2024
17. INFORMANT — ADDRESS: Mrs. Mary L. Myers - 4247 Shamrock Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 15 7.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of PANCREAS. — DUE TO, OR AS A CONSEQUENCE OF: — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 months.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 N.A. 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: N.A. 20A. AUTOPSY? (Yes or No): N 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): N.A. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): N.A. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): N.A.

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): N.A. 21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐ N.A. 21F. HOW DID INJURY OCCUR?: N.A.

22. I certify that (I) (this hospital) attended the deceased from 11-13 19 72 to 11-16 19 72, that (I) (we) last saw the deceased alive on 11-16 19 72 and that In(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Tadashi Kuba DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 11-16-72

23C. PHYSICIAN'S NAME (Type) DEGREE — 23D. ADDRESS: Union Memorial Hospital 33rd and Calvert Sts. BALTO, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 11-18-72 — 24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery — 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 20 1972 — 25B. NAME OF REGISTRAR: [signature] — 25C. FUNERAL DIRECTOR — ADDRESS: John C. Miller Inc-6415 Belair Rd.-21206

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-450 72 11016 REG. NO. 72 11016 STATE OF MARYLAND-DEPT

1. NAME OF DECEASED (Type or Print): EDWARD H. SCHOLLIAN
2. DATE AND HOUR OF DEATH: Nov 16th 7.30 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
   FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE UNION MEMORIAL 44
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
   A. STATE: MARYLAND B. COUNTY: 831
   C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☒ NO ☐
   E. STREET AND NUMBER: 2720 PELHAM AVE.
5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-13-00
9. AGE (In years last birthday): 72 (If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10B. KIND OF BUSINESS OR INDUSTRY: Singer Sewing Machine
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: –
14. MOTHER'S MAIDEN NAME: –
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 214-03-7918
17. INFORMANT: LILLIAN SCHOLLIAN ADDRESS: SAME

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I 410.9

(A) IMMEDIATE CAUSE: ACUTE MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B) ARTERIOSCLEROSIS

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 13th 1972 to Nov 16th 1972, that (I) (we) last saw the deceased alive on Nov 16th 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): A. SUAREZ, M.D. DEGREE
23D. ADDRESS: 33RD AND CALVERT ST. BALTO. MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/20/72
24C. NAME of CEMETERY or CREMATORY: MorelandMemorial Park
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 20 1972
25B. NAME OF REGISTRAR: Sidney [illegible]
25C. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. 21213

VS 150-REV. 1/1/68

1

STATE OF MARYLAND-DEPT.
BALTIMORE CITY HEALTH DEPARTMENT

O-425 72 11017

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11017

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Henry August Oehlsen / Henry Oehlsen	2. DATE OF DEATH	Known X / Estimated	Month 11	Day 17	Year 72	Hour 9:43 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 45 Good Samaritan Hospital	3. DATE PRONOUNCED DEAD		11	17	72	9:43 A. M.

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland — B. COUNTY: Harford 6200

6. SEX	7. RACE	8. MARRIED X / NEVER MARRIED / WIDOWED / DIVORCED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Male	White		Jarrettsville	YES ☐ NO X

9. DATE OF BIRTH	10. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.	E. STREET AND NUMBER
6/19/1899	73			Box 156 Ingleside Drive

11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Iowa	U.S.A	Henry F. Oehlsen

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
Farmer	Gen. farming	Margaret Thoma

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS
No	---	483-12-4898	Nora Oehlsen	P.O. Box 156 Jarrettsville, Md 21084

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Severe coronary artery disease
DUE TO, OR AS A CONSEQUENCE OF:
with healed myocardial infarction

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
		Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy X and that on this basis, death in my opinion resulted from: Natural causes X Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE W P Mulloy M.D.
EXAMINER'S NAME (Type) William P. Mulloy, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER X
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 11-17-72

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/21/1972	St Johns Lutheran	State Center, Iowa

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 20 1972		M. G. Kurtz 3rd.	Jarrettsville, Md. 21084

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-300 | REG. NO. 72 11018 | STATE OF [illegible] 72 11018

1. NAME OF DECEASED (Type or Print): OLIVE A. SCOTT

2. DATE AND HOUR OF DEATH: 11/19/72 | 4 15 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 42 SINAI HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN: LUTHERVILLE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: BOX 366 GREENSPRING AVE.

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	CAUC.		4/10/90	82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED HOUSEWIFE	OWN HOME	MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DANIEL ROBINSON	MARY REBECCA PERISH

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
NO	217-48-0333	Mrs. Wm. FORWOOD Box 327 BROADWAY Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	CVA	
(B) DUE TO, OR AS A CONSEQUENCE OF:	Atrial fibrillation - flutter	
(C)	ASCVD	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
—	—	REFUSED BY FAMILY	—

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/14 19 72 to 11/19 19 72
that (I) (we) last saw the deceased alive on 11/19 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
R. Kindley Wright Jr. MD DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒	4/19/72 4 30 PM

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
DEGREE	

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11-22-72	BLACK ROCK CEMETERY	BUTLER, BALTO. CO. MD.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR / ADDRESS
NOV 20 1972	[signature]	Wm. Cook-Brooks Towson, Inc. Towson, Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-562 72 11019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11019 STATE OF MARYLAND-DRAFT

1. NAME OF DECEASED (Type or Print): MINARIK JOSEPH

2. DATE AND HOUR OF DEATH: 11/18/72 | 7:00AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 40 ST AGNES HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: Balto. 52.00
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 7016 FT SMALLWOOD ROAD

5. SEX	6. RACE	7. MARITAL STATUS	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
MALE	CAUCASIAN	MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	11/15/91	81				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TRUCK DRIVER	BAKERY	CZECHOSLOVAKIA	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
YES WW I	217 09 8735	ST AGNES HOSPITAL	BALTO MD 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(B) Thrombosis (RT) Coronary Artery.
DUE TO, OR AS A CONSEQUENCE OF:
(C) Congestive Heart failure.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2	Tumor Resection	YES	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While At Work ☐ Not While At Work ☐	

22. I certify that (I) (this hospital) attended the deceased from 11/13/72 19 to 11/18/72 19, that (I) (we) last saw the deceased alive on 11/18/72 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys.	Med. Director	Staff Phys.	23B. DATE SIGNED
Rafat Mohd Quresh		☐	☐	☒	11 18 72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
DR B. A. QURESHI		St. Agnes Hospital Balto Md 21229

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-21-72	Glen Haven Memorial Park	Glen Burnie Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 20 1972	Sidney J. Newton	Hahn Funeral Home	4240 Pennington Ave.

VS 150-REV. 1/1/68

STATE OF MARYLAND—DHMH

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. K-200 72 11020 REG. NO. 72 11020

1. NAME OF DECEASED (Type or Print): MICHAEL KEC	2. DATE OF DEATH: Known ☒ Estimated ☐ Month: November Day: 17 Year: 1972	Hour: 1:30 P.M.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital	3. DATE PRONOUNCED DEAD: Month: November Day: 17 Year: 1972	Hour: 1:30 P.M.	
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: BALTO. CO.		5200
6. SEX: Male	7. RACE: White	8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN: Glen Burnie D. INSIDE CITY LIMITS? YES ☐ NO ☐
9. DATE OF BIRTH: 11-21-1950	10. AGE (In years last birthday): 21 ~~20~~	If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.	E. STREET AND NUMBER: 5417 Wasena Ave.
11. BIRTHPLACE (State or foreign country): Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME: Michael Kec	
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Breakman	14B. KIND OF BUSINESS OR INDUSTRY: B+O Railroad	15. MOTHER'S MAIDEN NAME: Maria Kec	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No	17. SOCIAL SECURITY NO.: 219 54 3804	18. INFORMANT: Maria Kec	ADDRESS: 5417 Wasena Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E812.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple traumatic injuries

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
		Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Highway	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Maryland Route #170

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCCUR?
11-16-72 8:42 P.m.		Driver in auto-auto collision

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D. — Deputy CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ ASSOCIATE MEDICAL EXAMINER ☐

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D. — DATE SIGNED: November 18, 1972

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-21-72	Cedar Hill Cemetery	Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 20 1972	Sidney Whitson	Hahn Funeral Home	4200 Pennington Ave.

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-536 72 11021 REG. NO. 72 11021

STATE OF MARYLAND

1. NAME OF DECEASED (Type or Print) Saunders Marie

2. DATE AND HOUR OF DEATH 11/14/72 11:22 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

33 Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. B. COUNTY 501

C. CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER 1207 McCubbin Ct.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	Black	Never Married ☑	4/27/11	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ERNEST SAUNDERS

14. MOTHER'S MAIDEN NAME: EVELYN WILLIAMS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-12-3126

17. INFORMANT Beatrice Saunders ADDRESS 1207 Dukeland St

CAUSE OF DEATH

18. 442X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Massive Cerebral Edema	4 days
(B) DUE TO, OR AS A CONSEQUENCE OF:	Entrapment (L) Internal Carotid Aneurysm + Artery	4 days
(C) DUE TO, OR AS A CONSEQUENCE OF:	Hypertension	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
11/10/72	Aneurysm (L) Internal Carotid	Yes	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/5/72 19 to 11/14/72 19, that (I) (we) last saw the deceased alive on 11/14/72 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Noble M Hansen Jr MD DEGREE Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED 11/14/72

23C. PHYSICIAN'S NAME (Type) NOBLE M. HANSEN M.D DEGREE

23D. ADDRESS THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Nov. 29, 1972	Mt. Auburn Cem.	Balto MD.

25A. DATE REC'D BY HEALTH DEPT. NOV 20 1972

25B. NAME OF REGISTRAR Sidney Worton

25C. FUNERAL DIRECTOR Earl Belmont ADDRESS 1827 N. North Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-325 72 11022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11022
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Pearl Elsie Hutson

2. DATE AND HOUR OF DEATH: Nov. 17, 1972 2:15 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
US Public Health Service Hospital
2X 3100 Wyman Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2759
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2825 Clearview Ave.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	W	[X] / [ ] / [ ] / [ ]	7/6/13	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hwi- ~~Waitress~~ At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Crawford
14. MOTHER'S MAIDEN NAME: Mary Albright

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT: Records- US PHS Hospital, ADDRESS: Balto, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

4.85X 1 17FX

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia with
DUE TO, OR AS A CONSEQUENCE OF: bronchial mucus plugs
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Pulmonary emphysema, severe; Metastatic right breast carcinoma to bone
Years: 6 yrs.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		yes	yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct. 11 19 72 to Nov. 17 19 72, that (I) (we) last saw the deceased alive on Nov. 17 19 72 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/17/72
23C. PHYSICIAN'S NAME (Type): De Moraes Ruehsen, MD DEGREE
23D. ADDRESS: US PHS Hospital, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/20/72	Hillcrest	Cumberland, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 20 1972
25B. NAME OF REGISTRAR: Sidney Newton
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc. ADDRESS: Balto. Md.

RGB

VS 150-REV. 1/1/68

B-635 72 11023

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11023

STATE OF MARYLAND - DUPLICATE

1. NAME OF DECEASED (Type or Print): DORIS LAVERNE BRITTINGHAM

2. DATE AND HOUR OF DEATH: 11/16/72 7:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: UNIVERSITY OF MARYLAND HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Allegany 5122
C. CITY OR TOWN: Frostburg
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 100 Burton Drive 21532

5. SEX: F
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-17-29
9. AGE (In years last birthday): 43
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Clay
14. MOTHER'S MAIDEN NAME: Virginia Kline

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 219-03-0159
17. INFORMANT: James P. Brittingham
ADDRESS: Frostburg, Maryland

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: CARDIAC ARRYTHMIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 HRS.
DUE TO, OR AS A CONSEQUENCE OF:
(B) AORTIC INSUFF + STENOSIS + MITRAL STENOSIS — >30 YRS.
DUE TO, OR AS A CONSEQUENCE OF:
(C) RHEUMATIC HEART DISEASE — >30 YRS.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 11/16/72
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: RHD: AI, AS + MI
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the ~~causes~~ stated above. (I) (We) (did) (did not) view the body after death.

23A. ~~SIGNATURE~~: Martin L Brown, DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐ HSIII
23B. DATE SIGNED: 11/16/72
23C. PHYSICIAN'S NAME (Type): S. ATTAR M.D. DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/20/72
24C. NAME of CEMETERY or CREMATORY: Sunset Memorial Park
24D. LOCATION (City, town, or county) (State): Cumberland, Allegany, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 20 1972
25B. NAME OF REGISTRAR: Sidney Winston
25C. FUNERAL DIRECTOR ADDRESS: Philip B. Wendt 121 Memorial Ave., Cumb. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

STATE OF MARYLAND-DEHH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 7-630 72 11024 REG. NO. 72 11024

1. NAME OF DECEASED (Type or Print) Robert [redacted] E. FORD
2. DATE OF DEATH Known [X] Estimated [ ] Month November Day 18 Year 1972 Hour ___ M.
3. DATE PRONOUNCED DEAD Month November Day 18 Year 1972 Hour 10:50 P M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 255 N. Bethel Court
5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 605
6. SEX Male
7. RACE Negro
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
C. CITY OR TOWN Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [ ]
9. DATE OF BIRTH Jan. 29 1902
10. AGE (in years last birthday) 70
If Under 1 Yr. or Under 24 Hrs. Months ___ Days ___ Hours ___ Min. ___
E. STREET AND NUMBER 255 N. Bethel Court
11. BIRTHPLACE (State or foreign country) Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret.
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No
17. SOCIAL SECURITY NO. 212-01-9036A
18. INFORMANT ADDRESS Mrs. Esther Ford 255 Bethel Ct.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
4124-2501.9
Arteriosclerotic cardiovascular disease
(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Diabetes meelitus, urinary tract infection

20A. DATE OF OPERATION 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE Marvin S Platt M.D.
EXAMINER'S NAME (Type) Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED November 19, 1972

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 11/22/72
24C. NAME of CEMETERY or CREMATORY Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) Baltimore (State) Md.

25A. DATE REC'D BY HEALTH DEPT. NOV 20 1972
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR ADDRESS Samuel T. Redd 3401 Grantley Rd. #15

VS 151-REV. 1/1/68

BIRTH NO. T-413 72 11025

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11025 STATE OF MARYLAND—DEATH

1. NAME OF DECEASED (Type or Print): Talbott - Herman

2. DATE AND HOUR OF DEATH: 11-19-72 | 8:40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Belton Hill Nursing Home 1400 John Shill

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1601
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 701 N. Carrollton #17

5. SEX	6. RACE	7. MARITAL STATUS	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
m	B	MARRIED [ ] NEVER MARRIED [ ] WIDOWED [1] DIVORCED [ ]	7-24-94	78				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown		Baltimore, Md XXXXX XXXXX Unknown	USA

13. FATHER'S NAME: Leroy Talbot

14. MOTHER'S MAIDEN NAME: Sarah Butler

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown)	If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes	W W I	n/a	Admin Assist -	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) Cardiac arrest	minutes
	DUE TO, OR AS A CONSEQUENCE OF: Pneumonia	
	(B) Pneumonia of upper lung	weeks
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C) Bronchogenic CA with spread	months
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		no	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While At Work [ ] Not While At Work [ ]	

22. I certify that (I) (this hospital) attended the deceased from 9/22 19 72 to 11/19 19 72 that (I) (we) last saw the deceased alive on 11-19 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Allan Macht DEGREE	Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]	11/20/72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
ALLAN H. MACHT MD. DEGREE	2E READ ST Balto Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/22/72	Mt Auburn Cemetry	Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 20 1972	Lindy Whitten	Adolphus Halstead 1206 W North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-350 1

STATE OF MARYLAND

BIRTH NO. 72 11026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11026

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print)	SEATON SUSIE MARIE
2. DATE AND HOUR OF DEATH	11/16/72 9-10 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	South Baltimore general Hospital
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Md.
B. COUNTY	1562
C. CITY OR TOWN	Baltimore
D. INSIDE CITY LIMITS?	YES [X] NO [ ]
E. STREET AND NUMBER	1017 Bethune Road
5. SEX	Female
6. RACE	Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
8. DATE OF BIRTH	7-4-1888
9. AGE (In years last birthday)	84
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Presser
10B. KIND OF BUSINESS OR INDUSTRY	Laundry
11. BIRTHPLACE (State or foreign country)	Va.
12. CITIZEN OF WHAT COUNTRY?	USA
13. FATHER'S NAME	? ?
14. MOTHER'S MAIDEN NAME	? ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	214 20 3760
17. INFORMANT — ADDRESS	Peggy Henson 1017 Bethune Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	ASCVD	
DUE TO, OR AS A CONSEQUENCE OF:	Congestive heart failure	
(B)	Broncho Pneumonia.	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOV 6 19 72 to NOV 16th 19 72 that (I) (we) last saw the deceased alive on NOV 16th 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	Seeni MD DEGREE	Attending Phys. [ ]	Med. Director [ ]	Staff Phys. [✓]	23B. DATE SIGNED 11/16/72
23C. PHYSICIAN'S NAME (Type)	SEENI MD DEGREE	23D. ADDRESS			

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	11 21 72	Mt. Auburn Cemetery	Baltimore	Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 20 1972	Sidney [illegible]	I. L. Brown & Son	123 W Montgomery

VS 150-REV. 1/1/68

M-600 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11027

BIRTH NO. 72-11027 STATE OF MARYLAND-DEPT.

1. NAME OF DECEASED (Type or Print): Murray, Dyon

2. DATE AND HOUR OF DEATH: 11.20.72 [redacted] | 1 40 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
33 Johns Hopkins Hospital, Balt, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 805
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1706 Normal Ave

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday) [redacted]	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	negro		9.8.72		2	12		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	Balt., Md.	USA

13. FATHER'S NAME: Roland Murray

14. MOTHER'S MAIDEN NAME: Mary Carter

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Roland Murray Jr.	1706 Normal Ave

CAUSE OF DEATH

18. 746.8 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cardiac Arrest	1 hr.
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	myocardial infarction	1-2 mo.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	anomalous (L) coronary artery	2 mo.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
11.9.72	anomalous (L) coronary artery	No	Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 6 19 72 to Nov 20 19 72, that (I) (we) last saw the deceased alive on Nov. 20 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☑	23B. DATE SIGNED
Gary R. Gutcher, MD					11.20.72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Gary R. Gutcher, M.D.		The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/22/72	Mt. Calvary	B. C. County, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 20 1972	Sidney [illegible]	Joseph E. Locke Jr.	1304 N. Carlton Ave

VS 1S0-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1
C-500

72 11028

STATE OF MARYLAND BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11028

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): SIMPSON G. CLOWNEY

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: November — Day: 13 — Year: 1972 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: November — Day: 13 — Year: 1972 — Hour: 5:10 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
1102 Druid Hill Avenue, Apt. 1204

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1702

6. SEX: Male | 7. RACE: Negro | 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore | D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: Dec 27, 1884 | 10. AGE (In years last birthday): 94 | If Under 1 Yr. or Under 24 Hrs. Months / Days / Hours / Min.:

E. STREET AND NUMBER: 1102 Druid Hill Avenue, Apt. 1204

11. BIRTHPLACE (State or foreign country): Jonesville S.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Johnson Clowney

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired | 14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Lelia Cloney

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.: 218-10-3765

18. INFORMANT — ADDRESS: Mrs Monroe Clowney 1102 Druid Hill Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE — DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Chronic obstructive pulmonary disease

20A. DATE OF OPERATION: 6 | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED: | 21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | 22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m. | 22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11-14-72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 11-18-72 | 24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery | 24D. LOCATION (City, town, or county) (State): Brooklyn Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 21 1972 | 25B. NAME OF REGISTRAR: Sidney [illegible] | 25C. FUNERAL DIRECTOR — ADDRESS: Joseph L. Knee 2222 W. Baltimore Ave.

VS 151-REV. 3/1/68

1

B-620 72 11029

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 72 11029

1. NAME OF DECEASED (Type or Print): Francis Cecil Brooks

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 17 — Year: 72 — Hour: 1:00 A. M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 17 — Year: 72 — Hour: 1:00 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 23 Loch Raven V. A. Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2562

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: MAY 9, 1942
10. AGE (In years last birthday): 30
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 2809 Carver Road

11. BIRTHPLACE (State or foreign country): MIDWAY, KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: LEWIS BROOKS

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY: STEEL WORKER
15. MOTHER'S MAIDEN NAME: MARIE CARVILLE

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): YES 1959-1962
17. SOCIAL SECURITY NO.: 400-54-7593
18. INFORMANT ADDRESS: JJ.K. HOBBS FUNERAL HOME, VERSAILLES, KEN.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E965 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Shotgun wound of abdomen
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Sepsis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): front of 567 W. Mosher St.

22D. TIME OF INJURY (APPROX.) (Month) 9 (Day) 5 (Year) 72 (Hour) 11:04 P m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? shut during argument

23.
I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Wm P Mulloy M.D.
EXAMINER'S NAME (Type): William P. Mulloy, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11-17-72

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11-24-72
24C. NAME of CEMETERY or CREMATORY: ST. ROSS CEMETERY
24D. LOCATION (City, town, or county) (State): MIDWAY, KENTUCKY

25A. DATE REC'D BY HEALTH DEPT.: NOV21 1972
25B. NAME OF REGISTRAR: Sidney S. Norton
25C. FUNERAL DIRECTOR ADDRESS: MORTON & DYETT F. H. 1701 LAURENS ST.

VS 151-REV. 1/1/68

N 27.1

62-10-89 1
JD

B-616 72 11030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11030

STATE OF MARYLAND—DHMH

BIRTH NO. 72-16376

11-35

MC

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): (FN) BARBER, BABY GIRL (BERTHENA) (LN)

2. DATE AND HOUR OF DEATH: 11/17/72 | 4 07 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 3 B Baltimore City Hospitals
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4940 Eastern Avenue 21224 Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15 01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1364 N. Fremont Ave. 21217

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	NEGRO	NEVER MARRIED [X]	10/28/72		21	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): In fant
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Dacon
14. MOTHER'S MAIDEN NAME: ISABELLA BARBER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): N/A
16. SOCIAL SECURITY NO.: N/A
17. INFORMANT: BCH Records: ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Respiratory Distress Syndrome with Respiratory Failure	21 days
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Prematurity	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/28/ 19 72 to 11/17 19 72 that (I) (we) last saw the deceased alive on 11/17 19 72 and that in (my) (our) opinion death occurred at the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Victoria L. Vetter, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/17/72
23C. PHYSICIAN'S NAME (Type): Victoria L. Vetter, M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Ave. Baltimore, Md. 21224

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-22-72	Mt Auburn Cem.	Balto, Md

25A. DATE REC'D BY HEALTH DEPT. NOV 21 1972
25B. NAME OF REGISTRAR: Sidney Worton
25C. FUNERAL DIRECTOR: Morton-Dyett F.H.
ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-300 BIRTH NO. 72 11031

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X REG. NO. 72 11031 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Sophia E Witte

2. DATE AND HOUR OF DEATH: 11/16/72 | 8 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
House In The Pines-Belvedere
2525 West Belvedere Avenue
Baltimore, Maryland 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Balto. 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1023 Overbrook Road

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Female	CAus.	NEVER MARRIED ☒	5/5/1900	72				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Libarian	Hospital	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Witte	Windhaus

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	220-30-2790A	Mr. William Witte	607 Harding Place

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Probable pulmonary embolus	6 hrs.
DUE TO, OR AS A CONSEQUENCE OF:	Decubitus ulcer	3 months
(B)	ASCVD with CHF	5 months
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Malnutrition	8 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
8			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/5 1972 to Aug 16 1972 that (I) ~~(we)~~ last saw the deceased alive on 11/8 1972 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐	23B. DATE SIGNED
Alan B Cohen			11/17/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Alan B. Cohen		1010 N. St.paul St.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-20-72	Baltimore	Baltimore City, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 21 1972	Sidney Winston	Frank W. Seitz. 814 W. 36th. St.

VS 150-REV. 1/1/68

1

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

72 11032

X-620
BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11032

CERTIFICATE AMENDED 1-4-73

1. NAME OF DECEASED (Type or Print): MILTON KRUG

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: November — Day: 18 — Year: 1972 — Hour: 7:31 P. M.

3. DATE PRONOUNCED DEAD — Month: November — Day: 18 — Year: 1972 — Hour: 7:31 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Baltimore City Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
31

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2611

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐

9. DATE OF BIRTH: 12-14-47
10. AGE (In years last birthday): 24
If Under 1 Yr. or Under 24 Hrs. — Months | Days | Hours | Min.

E. STREET AND NUMBER: 924 S. Clinton Street

11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: MILTON W. KRUG

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNEMPLOYED
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: MARY M. BAER

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Yes — Viet Nam
17. SOCIAL SECURITY NO.: 212461863
18. INFORMANT: MILTON KRUG — ADDRESS: SAME

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E970X

(A) IMMEDIATE CAUSE: Bilateral pleural empyema and focal bronchopneumonia
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Gunshot wound of neck

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Drive-in
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Circle Drive-in - 555 Dundalk Avenue 2605
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-5-72 4:00 A m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR?: Shot by Police Officer during robbery

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ ~~Undetermined manner~~ ☒

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: November 19, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11-23-72
24C. NAME of CEMETERY or CREMATORY: OAKLAWN
24D. LOCATION (City, town, or county) (State): BALTIMORE CO. MD

25A. DATE REC'D BY HEALTH DEPT.: NOV 21 1972
25B. NAME OF REGISTRAR: Sidney Whorton
25C. FUNERAL DIRECTOR: HOFFMANN F. H.
ADDRESS: 3218 Hudson St. 21224

VS 151-REV. 1/1/68

N 8 74.1

1-9-1973 - Letter from the Office of the Chief Medical Examiner, Marvin S. Platt, M.D.
Assistant Medical Examiner hs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-324 72 11033

REG. NO. 72 11033

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) MITCHELL, LOUIS J.

2. DATE AND HOUR OF DEATH NOV. 17, 1972 | 1255 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 35 CHURCH HOME HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: BALTIMORE CITY 101

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 728 S. LYNWOOD AVE #24

5. SEX: M 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] 8. DATE OF BIRTH: 9/12/12 9. AGE (In years last birthday): 60 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POLICEMAN 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ZYGMUNT MITCHELL

14. MOTHER'S MAIDEN NAME: ANNA LUCAS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-07-0126

17. INFORMANT: MRS. HELEN MITCHELL ADDRESS: 728 S. LINWOOD AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) IMMEDIATE CAUSE: ASPIRATION VOMITUS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

DUE TO, OR AS A CONSEQUENCE OF:

(B) PROBABLE MYOCARDIAL INFARCT — 30 MINUTES

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOV. 17 19 72 to NOV. 17 19 72 that (I) (we) last saw the deceased alive on NEVER 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. ((I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John R. Sobotka M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: Nov. 17, 1972

23C. PHYSICIAN'S NAME (Type): JOHN R. SOBOTKA M.D. DEGREE 23D. ADDRESS: CHURCH HOME & HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 11/20/72 24C. NAME of CEMETERY or CREMATORY: OAKLAWN CEMETERY 24D. LOCATION (City, town, or county) (State): BALTIMORE CO. MD.

25A. DATE REC'D BY HEALTH DEPT.: NOV 21 1972 25B. NAME OF REGISTRAR: Dewey Whorton 25C. FUNERAL DIRECTOR: RAYMOND L. KACZOROWSKI ADDRESS: 2525 FLEET ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. K-460 72 11034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11034

STATE OF MARYLAND—DEATH

1. NAME OF DECEASED (Type or Print): MARGARET KOEHLER

2. DATE AND HOUR OF DEATH: 11/20/72 | 11 35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 3102 Elliott St.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 101
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 3102 Elliott St.

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	CAUC		11-27-83	88				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker		Maryland	

13. FATHER'S NAME: Brandt

14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		William Koehler	1800 S. Curley St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE: old age & coronary Insufficiency	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) A.S.C.V.D.,	one year.
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). None	

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1971 19 to Nov 1972 19, that (I) (we) last saw the deceased alive on Nov 7, 1972 19 and that in (my) (~~the~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Iraj Honarvar MD DEGREE	Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐	11-21-72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Iraj Honarvar. DEGREE	842 S. East Ave.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-24-72	Oakland	Baltimore Co. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 21 1972	[illegible]	Hoffman F. H.	3218 Hudson St. 21224

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-200 72 11035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11035

STATE OF MARYLAND—DHMH

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary L. Sieck

2. DATE AND HOUR OF DEATH: 11/18/72 @ 1:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 21201
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 116 W University Parkway

5. SEX: F
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 6-3-92
9. AGE (In years last birthday): 80
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: HOME MAKER
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? America U.S.A.

13. FATHER'S NAME: AUGUSTUS LINDEMAN
14. MOTHER'S MAIDEN NAME: ELIZABETH KEPPER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT: JOSEPH W. HOGUE, 2 HOPKINS PLAZA ADDRESS BOX 2257

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Atrial fibrillation a pulmonary edema.	2 days
(B) DUE TO, OR AS A CONSEQUENCE OF:	Hypertension	? year.
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/17/19 72 to 11/18/19 72 that (I) (we) last saw the deceased alive on 11/18/19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Albert Joyce, MD, FACP, FACC DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/18/72
23C. PHYSICIAN'S NAME (Type): Albert Joyce, M. D. DEGREE
23D. ADDRESS: Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/21/72
24C. NAME of CEMETERY or CREMATORY: St. Thomas'
24D. LOCATION (City, town, or county) (State): Garrison Forest, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 21 1972
25B. NAME OF REGISTRAR: Audrey [illegible]
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Rd. Balto., Md. 21212

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-653 72 11036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11036 STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): ALICE E. BRANDT	2. DATE AND HOUR OF DEATH: Nov. 18, 1972 | 7 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: 60	(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 603 ST. DUNSTANS RD.
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland; B. COUNTY: 2778	C. CITY OR TOWN: Baltimore; D. INSIDE CITY LIMITS? YES [*] NO [ ]; E. STREET AND NUMBER: 603 St. Dunstans Road 21212
5. SEX: F	6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [*] DIVORCED [ ]	8. DATE OF BIRTH: 12-24-1886
9. AGE (In years last birthday): 85	If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker	10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Virginia	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James F. Bowersox	14. MOTHER'S MAIDEN NAME: Mary E. Kraft
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Albert H. Brandt 1914 Deering Ave.	ADDRESS: 21230

MEDICAL CERTIFICATION

18. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Myocardial infarction — 24 Hrs

(B) Arteriosclerotic C.V. Disease — 20 yr

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No): No	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?	

22. I certify that (I) (~~this hospital~~) attended the deceased from Dec 3 1947 to Nov 18 1972, that (I) (~~we~~) last saw the deceased alive on Nov 7 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Frederick J Vollmer MD DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]	23B. DATE SIGNED: Nov. 18, 1972	
23C. PHYSICIAN'S NAME (Type): Frederick J. Vollmer M. D. DEGREE	23D. ADDRESS: 6100 York Rd. Baltimore, Md.	
24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 11-21-72	24C. NAME of CEMETERY or CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Md.		
25A. DATE REC'D BY HEALTH DEPT.: NOV 21 1972	25B. NAME OF REGISTRAR: Sidney Worton	25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

STATE OF MARYLAND—DHMH

S-610 72 11037 72 11037

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elizabeth (Bessie) H. Sharp

2. DATE AND HOUR OF DEATH: Nov. 20, 1972 | 6:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
90 Long Green Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [**] NO [ ]
E. STREET AND NUMBER: 920 W. University Parkway 21210
2714

5. SEX: F
6. RACE: W
7. MARRIED [**] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-16-1890
9. AGE (In years last birthday): 82
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Norfolk, Va.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Paul R. Howard
14. MOTHER'S MAIDEN NAME: Elizabeth Wilkinson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Tilghman H. Sharp ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

I 440.9
(A) IMMEDIATE CAUSE: Arteriosclerosis —
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 1963 19 to Nov 22 19 72, that (I) ~~(we)~~ last saw the deceased alive on Nov 19 19 72 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) (did not) view the body after death.

23A. SIGNATURE: William G. Helfrich M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/21/72
23C. PHYSICIAN'S NAME (Type): William G. Helfrich M. D. DEGREE
23D. ADDRESS: 5006 Roland Avenue

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 11-21-72
24C. NAME of CEMETERY or CREMATORY: Greenmount
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV21 1972
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-654 72 11038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11038

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): MARTIN GREENAWALT

2. DATE AND HOUR OF DEATH: 11/19/72 19:28 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: UNIVERSITY OF MARYLAND HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALT. MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALT. 5300
C. CITY OR TOWN: DUNDALK
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1219 HILLSHIRE RD.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	W	NEVER MARRIED ☒	2/16/03	69		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	Steel	ROMANIA	USA

13. FATHER'S NAME: MARTIN GREENAWALT

14. MOTHER'S MAIDEN NAME: ELIZABETH HAIBACH

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	172 01 8264	Mrs. Marian Greenwalt	1219 Hillshire

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST
DUE TO, OR AS A CONSEQUENCE OF:

(B) ACUTE MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 11/19/72
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): SEVERE ASCVD & RENAL FAILURE

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/10 19 72 to 11/19 19 72 that (I) (we) last saw the deceased alive on 11/19 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: N W Haines Jr. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/19/72

23C. PHYSICIAN'S NAME (Type): NORMAN W HAINES JR. DEGREE
23D. ADDRESS: UNIVERSITY HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	22 Nov.	72 Oaklawn Cemetery	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR — ADDRESS: Ullrich Funeral Home Balto. Md. 21206

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. E-430 72 11039 REG. NO. 72 11039 STATE OF MARYLAND-DEPT

1. NAME OF DECEASED (Type or Print): EDNA VIRGINIA ELLIOTT

2. DATE AND HOUR OF DEATH: November 19 1972 1 45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 The Wesley Home, Inc. 2211 West Rodgers Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2755
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2211 West Rogers Avenue

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Female	White	NEVER MARRIED [X]	March 10 1887	85				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George H. Elliott	Minnie P. Prinz

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		218 52 1308	The Wesley Home Inc	same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

I 412.1
(A) IMMEDIATE CAUSE: Arteriosclerotic Cardio-vascular
DUE TO, OR AS A CONSEQUENCE OF: Disease
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work / Not While At Work	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 4 February 19 72 to 19 November 19 72, that (I) (we) last saw the deceased alive on 16 November 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. / Med. Director / Staff Phys.	23B. DATE SIGNED
John W Barnaby		[X]	21 Nov 72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Dr. John W. Barnaby		1652 E. Belvedere Avenue

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	21 Nov 72	Loudon Park Cemetery	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 22 1972	Sidney Silverstein	Burgee Funeral Home, Baltimore, Maryland
		By: Hans Burgee Jr

VS 150-REV. 1/1/68

Adm. '58.

1

72 11640

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

W-330

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11640

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): VIOLET M. ~~LIGHTHEAD~~ Whitehead

2. DATE OF DEATH: Known ☐ Estimated ☐ Month: 11/19/72 Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month November Day 19, Year 1972 Hour 8:00 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1430 Mill Race Road

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 338

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 1/7/16
10. AGE (In years last birthday): 56 ~~55~~
If Under 1 Yr. Months / If Under 24 Hrs. Days / Hours / Min.
E. STREET AND NUMBER: 1430 Mill Race Road

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ?

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?
14B. KIND OF BUSINESS OR INDUSTRY: ?
15. MOTHER'S MAIDEN NAME: ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: Unknown
18. INFORMANT: Charlotte Burton ADDRESS: 603 Tunbridge Rd.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — E963X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Manual Strangulation
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1430 Mill Race Road 13-3

22D. TIME OF INJURY (APPROX.) (Month): 11 (Day): 19 (Year): 72 (Hour): unk m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Subject strangled by unknown assailant

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/20/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/22/72
24C. NAME of CEMETERY or CREMATORY: National
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR ADDRESS: Paul E. Chenoweth 3rd. 3617 Chestnut Ave.

VS 151-REV. 1/1/68

N994.1

1-5-1973 - Completion of cause of death on a pending medical examiner death certificate-
Peter Lipkovic, M.D. hs

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-346
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11041
REG. NO.

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) — BUTLER, GERTRUDE

2. DATE AND HOUR OF DEATH — 11/16/72 | 1:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION — 46 Lutheran Hospital Baltimore, Md. 21216
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE — Maryland
B. COUNTY — 1603
C. CITY OR TOWN — Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER — 1709 Harlem Ave

5. SEX — 7
6. RACE — B
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH — 3/17/17
9. AGE (In years last birthday) — 55
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — Cook
10B. KIND OF BUSINESS OR INDUSTRY — Restaurant
11. BIRTHPLACE (State or foreign country) — Maryland.
12. CITIZEN OF WHAT COUNTRY? — U.S

13. FATHER'S NAME — George Henry Thompson
14. MOTHER'S MAIDEN NAME — Mabel E. Christie

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) — No
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. — 207-16-2063
17. INFORMANT — Mabel Fleet
ADDRESS (MOTHER) — Same

MEDICAL CERTIFICATION

18. 4 3 1 0 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Acute Cardiorespiratory Arrest	5 min.
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Cerebral Haemorrhage	7 days
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). — Hypertension

19A. DATE OF OPERATION — 1
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED —
20A. AUTOPSY? (Yes or No) — Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/11/19 72 to 11/16/19 72 that (I) (we) last saw the deceased alive on 11/16/19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE — R. Dongre DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED — 11/11/72
23C. PHYSICIAN'S NAME (Type) — S S DONGRE MD. DEGREE
23D. ADDRESS — 730, ASHBURTON ST. BALTI. MD. 21216

24A. BURIAL CREMATION, REMOVAL (Specify) — Burial
24B. DATE — 11-21-72
24C. NAME of CEMETERY or CREMATORY — St. James United Cem.
24D. LOCATION (City, town, or county) (State) — Havre de Grace Md 21078

25A. DATE REC'D BY HEALTH DEPT. — NOV 22 1972
25B. NAME OF REGISTRAR — Andrew Whorton
25C. FUNERAL DIRECTOR — Otha J. Bullock
ADDRESS — Havre de Grace Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

STATE OF MARYLAND-DHMH

BIRTH NO. S-140 72 11012 — REGISTRY NO. 72 11012

1. NAME OF DECEASED (Type or Print): M. CATHERINE SHIPLEY

2. DATE AND HOUR OF DEATH: NOVEMBER 17-72 2:45 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 37 Mercy
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
4108 Roland Ave/307
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER

5. SEX: F
6. RACE: W W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10/14/01
9. AGE (In years last birthday): 71
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10B. KIND OF BUSINESS OR INDUSTRY: College
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Coffay
14. MOTHER'S MAIDEN NAME: Catherine Kelly

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 072123038
17. INFORMANT: S. Mathias Shipley
ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ACUTE SEPTICEMIA
DUE TO, OR AS A CONSEQUENCE OF:

(B) BILATERAL BRONCHOPNEUMONIA
DUE TO, OR AS A CONSEQUENCE OF:

(C) DEBILITATED STATE

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FRACTURE OF BOTH HIPS
CHRONIC BRAIN SYNDROME

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: None
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 4108 Roland Ave
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-29-72 ?
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☒
21F. HOW DID INJURY OCCUR? fell at home (bedroom)

22. I certify that (I) (~~this hospital~~) attended the deceased from SEPTEMBER 29 19 72 to NOVEMBER 17 19 72, that (I) (~~we~~) last saw the deceased alive on NOVEMBER 17 19 72 and that in(my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Joseph N. Notarangelo M.D. DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: NOV-17-1972
23C. PHYSICIAN'S NAME (Type): JOSEPH NOTARANGELO M.D. DEGREE
23D. ADDRESS: 301 St. Paul Place Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 20 Nov 72
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Burgee Funeral Home Balto Md
ADDRESS: Dr Wesley M Burgee Jr

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-552 72 11043 REG. NO. 72 11043 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Earl Simmons
2. DATE AND HOUR OF DEATH: 11/14/72 9:35 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: 37 Mercy Hospital — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 301 St. Paul Pl. 21202
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: BROOKLYN, N.Y. B. COUNTY: V-29
C. CITY OR TOWN: BROOKLYN D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 309 LAFAYETTE AVE.
5. SEX: M
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8/10/43
9. AGE (In years last birthday): 29
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: LEROY COUSINS
14. MOTHER'S MAIDEN NAME: HORTENSE SIMMONS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 486 X 1
17. INFORMANT: MRS Hortense Simmons ADDRESS: 309 LAFAYETTE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	acute myocardial infarct	2-3 days
DUE TO, OR AS A CONSEQUENCE OF:	pleural effusions	
(B)	acute pulmonary edema	2-3 days
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	pneumonia	2-3 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	chronic alcoholism	yrs

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes.
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-14 19 72 to 11-14 19 72, that (I) (we) last saw the deceased alive on 11-14-72 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: JM Wells MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/17/72.
23C. PHYSICIAN'S NAME (Type): J. M. WELLS MD DEGREE
23D. ADDRESS: 301 ST. PAUL PLACE 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-18-72
24C. NAME of CEMETERY or CREMATORY: Harmony
24D. LOCATION (City, town, or county) (State): Londoun md

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: Sidney Weiss
25C. FUNERAL DIRECTOR ADDRESS: Frazier 389 R.I. ave nw. Wash. D.C.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. L-220 72 11044 — REG. NO. 72 11044 [redacted] — STATE OF MARYLAND-DEMR

1. NAME OF DECEASED (Type or Print): MR. HARRY LUCAS

2. DATE AND HOUR OF DEATH: 11/29/72 2:23 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: BON SECOURS HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2025 W. Fayette St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: 2802
C. CITY OR TOWN: Baltimore 21207
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5538 GWYNN OAK AVE.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	White	[X] MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED	12/31/81	90		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired - Sales	HARDWARE	MARYLAND	United States

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANK LUCAS	Georgia CONRAD

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
—	219-10-6478	[illegible] - 1907 Englewood Ave 21207	

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	AS CVD	20 years
DUE TO, OR AS A CONSEQUENCE OF: (B)	Parkinson Syndrome	2 years.
DUE TO, OR AS A CONSEQUENCE OF: (C)	Infected bedsore	1 month
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/06/72 19 to 11/20/72 19 that (I) (we) last saw the deceased alive on 11/20/72 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]	23B. DATE SIGNED
A. Herrera	M.D.		Nov. 29, 1972

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
ALFREDO HERRERA M.D.		2025 W. Fayette St. Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-30-72	Lorraine Park	Woodlawn, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 22 1972	Sidney H. Norton	Harbaugh-Cavanaugh	Catonsville

VS 150-REV. 1/1/68

1

D-450 72 11045

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11045

STATE OF MARYLAND-DEPT.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): James C. Deale

2. DATE AND HOUR OF DEATH: Nov. 17, 1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
31 Balto. City Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Dundalk D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 2617 Liberty Parkway

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	White	MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	4-26-24	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ship Yard	Beth. Steel Co.	Virginia	U.S.A.

13. FATHER'S NAME: Guy Deale

14. MOTHER'S MAIDEN NAME: Nora B. Flippo

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes WW II	212-20-4094	Wife: Mrs. E. Louise Deale	2617 Liberty Parkway Dundalk, Md. 21222

MEDICAL CERTIFICATION

1B. 412.3 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Acute Bronchial Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3-4 hrs

DUE TO, OR AS A CONSEQUENCE OF:

Coronary Artery Disease — 1-2 months

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While At Work ☐ Not While At Work ☐	

22. I certify that (I) (this hospital) attended the deceased from 11-1 19 72 to 11-7 19 72, that (I) (we) last saw the deceased alive on 11-15 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE		23B. DATE SIGNED
James T. Means		Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐	11-17-72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
James T. Means	MD	520 S St Balto Md 21224

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-21-72	Moreland Memorial Park	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 22 1972	[illegible]	John J. Duda 7922 Wise Ave. Dundalk, Md. 21222

VS 150-REV. 1/1/68

59-80-35 qsk

Released on approval per Mr. Gregory

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-240 .72 11046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11046

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print)	Joseph M. Mikula
2. DATE AND HOUR OF DEATH	Nov. 17 / 72 — 5 30 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	31 Baltimore City Hospitals, 4940 Eastern Ave., Baltimore, Md. 21224
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE / B. COUNTY	Maryland / Baltimore 5300
C. CITY OR TOWN	Dundalk
D. INSIDE CITY LIMITS?	YES ☐ NO ☒
E. STREET AND NUMBER	7126 Martell Ave. 21222 005
5. SEX	Male
6. RACE	Caucasian
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	
8. DATE OF BIRTH	10-16-93
9. AGE (In years last birthday)	79
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Welder
10B. KIND OF BUSINESS OR INDUSTRY	Beth. Steel Shipyard
11. BIRTHPLACE (State or foreign country)	Maryland
12. CITIZEN OF WHAT COUNTRY?	U.S.A.
13. FATHER'S NAME	Stefan Mikula
14. MOTHER'S MAIDEN NAME	Theresa Smolko
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) / (If yes, give war or dates of service)	Yes / Not Wartime
16. SOCIAL SECURITY NO.	213-07-4897A
17. INFORMANT ADDRESS	BCH Records: 4940 Eastern Ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, eg, heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Bronchopneumonia — Due to, or as a consequence of: ~~Fracture~~ cardiovascular accident RT. 10/12/72 and recent

(B) DUE TO, OR AS A CONSEQUENCE OF: cerebral concussion (crani cerebral injury) 11/12/72

(C) Due to fall

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
None	None	YES	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☒ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
	Home, 7126 Martell Ave. Apt. 21222	3 3-00	
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☒	21F. HOW DID INJURY OCCUR?	
Nov. 12/72 5 AM		Fell down flight of steps	

22. I certify that (I) (this hospital) attended the deceased from Nov. 12 1972 to Nov. 17 1972 that (I) (we) last saw the deceased alive on Nov. 17 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	M. Sarkarati M.D. DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒	23B. DATE SIGNED: 11/17/72
23C. PHYSICIAN'S NAME (Type)	MEHDI SARKARATI M.D. DEGREE	23D. ADDRESS	4940 Eastern Ave. Baltimore, Md. Baltimore City Hospitals

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	11-21-72	Sacred Heart of Jesus Cem.	Baltimore	Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 22 1972	[signature]	John J. Duda	7922 Wise Ave. Dundalk, Md. 21222

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. J-525 72 11047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11047 STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): MR. ALFRED D. JOHNSON, Sr.

2. DATE AND HOUR OF DEATH: 11/21/1972 3 50 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 35 Church Home & Hospital.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: Baltimore Zip 21224
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 120 N. Port Street. 602

5. SEX: Mah
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 01-31-1908
9. AGE (In years last birthday): 64.
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Garage Manager.
10B. KIND OF BUSINESS OR INDUSTRY: Commercial Credit
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? American.

13. FATHER'S NAME: MR. HARRY JOHNSON.
14. MOTHER'S MAIDEN NAME: SARAH MILKE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-03-3574
17. INFORMANT: Mrs. Virginia I. Johnson ADDRESS: 120 N. Port. St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiac Pulmonary arrest. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
(B) Rt Pleural Effusion. Neoplasm of
DUE TO, OR AS A CONSEQUENCE OF: the Rt lung.
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [ ]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/15/1972 19 to 11/21/1972 that (I) (we) last saw the deceased alive on 11/21/1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Yousuf Siddiqui MD. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/21/1972
23C. PHYSICIAN'S NAME (Type): M. YOUSUF SIDDIQUI MD DEGREE
23D. ADDRESS: Church Home & Hospital - 100 N. Broadway. Baltimore MD - 21231.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/24/'72
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: Audrey Johnson
25C. FUNERAL DIRECTOR: John A. Moran, Inc. ADDRESS: 3900 E. Baltimore St. Baltimore, Md. 21224

VS 150-REV. 1/1/68

1

STATE OF MARYLAND

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

M-460 72 11048 — BIRTH NO.

72 11048 — REG. NO.

1. NAME OF DECEASED (Type or Print): KENNETH B. MILLER		2. DATE OF DEATH: Known ☐ Estimated ☐ Month / Day / Year / Hour	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL		3. DATE PRONOUNCED DEAD: Month / Day / Year / Hour: November 19, 1972 / 8:35 A.M.	
		5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland	B. COUNTY: 11 01
6. SEX: Male	7. RACE: White	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN: Baltimore
			D. INSIDE CITY LIMITS? YES ☑ NO ☐
9. DATE OF BIRTH: 3/13/1949	10. AGE (In years last birthday): 23	If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.	E. STREET AND NUMBER: 811 St. Paul Street
11. BIRTHPLACE (State or foreign country): West Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME: Foster L. Miller
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	14B. KIND OF BUSINESS OR INDUSTRY: Construction Co.		15. MOTHER'S MAIDEN NAME: Evelyn Salisbury
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Yes		17. SOCIAL SECURITY NO.	18. INFORMANT — ADDRESS: John Raper 3726 Evergreen Ave. 21206

MEDICAL CERTIFICATION

19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — E812.0 — CAUSE OF DEATH: Craniocerebral Injuries — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE — DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): St.Rt.#1, 1300 Ft.S.of St.Rt. 472 6300
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-19-72 12:30 A.m.	22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCCUR? Driver in auto-auto collision

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/20/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 11/22/72	24C. NAME of CEMETERY or CREMATORY: London Park Cem.	24D. LOCATION (City, town, or county) (State): Balto. Md.
25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972	25B. NAME OF REGISTRAR: [signature]	25C. FUNERAL DIRECTOR — ADDRESS: John J. Cowens Sons Inc. 901 Hollins St. Balt. Md. 21223	

VS 151-REV. 7/1/68

N8540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-423 72 11049 REG. NO. 72 11049

STATE OF MARYLAND-DEPT

1. NAME OF DECEASED (Type or Print): HAROLD CLASTER

2. DATE AND HOUR OF DEATH: NOVEMBER 21 / 72 — 3:50 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00 GUILFORD TOWERS
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 14 W. COLD SPRING LANE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2711
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 14 W. COLD SPRING LANE

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
MALE	WHITE	[X] NEVER MARRIED	APRIL 28, 1905	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PRESIDENT	ZEPPI NUT CO. Inc	HARRISBURG, PA	U.S.A.

13. FATHER'S NAME: JOSEPH CLASTER

14. MOTHER'S MAIDEN NAME: BEATRICE AARONSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS. MILDRED CLASTER — ADDRESS 14 W. COLD SPRING LANE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Carcinoma Prostate	1 yr
DUE TO, OR AS A CONSEQUENCE OF:		
(B)		
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/29/72 19 to 11/20/72 19, that (I) (we) last saw the deceased alive on 11/20/72 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (X) (X) (did not) view the body after death.

23A. SIGNATURE: William J. Fritz DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 11/21/72

23C. PHYSICIAN'S NAME (Type): WILLIAM. FRITZ DEGREE

23D. ADDRESS: 2 W. UNIVERSITY PARKWAY

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
REMOVAL	NOV. 21/72	MT. MORIAH	HARRISBURG, PA.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 22 1972	Sidney [illegible]	SOL. LEVINSON & BROS 2nd	6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

S-506 72 11050 — REG. NO. 72 11050 — STATE OF MARYLAND-DEPT.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SCHOEN 20013

2. DATE AND HOUR OF DEATH: 11-19-72 | 1:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL BALTIMORE MD 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND — B. COUNTY: 2740
C. CITY OR TOWN: BALTIMORE — D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2711 D. Hanson Av. Apt # 2D

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
MALE	XX WHITE		AUGUST 16, 1898	74				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CUTTER	CLOTHING	XX AUSTRIA	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HERMAN SCHOEN	GERTRUDE ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	212-74-9273	MRS. REBECCA SCHOEN	2711 B HANSON AVE., APT. 2D

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 410.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cardiogenic shock	3 d
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Acute Myocardial Infarction	4 wks
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
no		

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-24 1972 to 11-19 1972 that (I) (we) last saw the deceased alive on 11-19 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☑	23B. DATE SIGNED
Sriook Boonsue, M.D.					11-19-72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
SRISOOK BOONSUE MD		Sinai Hosp of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11/20/72	BETH TFILOH	BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 22 1972	Sidney Worton	SOL LEVINSON & BROS.	6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G-320 72 11051 REG. NO. 72 11051 015621

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): GOODWICH, PAUL

2. DATE AND HOUR OF DEATH: 11/17/72 | 12.35 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 SINAI HOSPITAL, BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2740
C. CITY OR TOWN: ~~XXXXXX~~ BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3400, TANEY ROAD, 21215

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5/18/1905
9. AGE (In years last birthday): ~~XXX~~ 67
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10B. KIND OF BUSINESS OR INDUSTRY: RETAIL
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? AMERICAN

13. FATHER'S NAME: ABRAHAM GOODWICH
14. MOTHER'S MAIDEN NAME: SARAH ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 212-36-4967
17. INFORMANT: MRS. ESTELLE GOODWICH, ADDRESS: 3400 TANEY ROAD #21215

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Cerebral HAMORR-	7-8 hrs.
DUE TO, OR AS A CONSEQUENCE OF:	HAGE	
II (B)	CEREBRO VASCULAR DISEASE	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	HYPERTENSION	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 11/16/ 19 72 to 11/17 19 72, that ~~(I)~~ (we) last saw the deceased alive on 11/17/ 19 72 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Sudhindra DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/17/72
23C. PHYSICIAN'S NAME (Type): R. SUDHINDRA DEGREE
23D. ADDRESS: Sinai Hosp. Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11/19/72
24C. NAME of CEMETERY or CREMATORY: CHIZUK AMUNO (ARLINGTON)
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: Sidney Norton
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. D-000 72 11052

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11052
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Duey, Rose D.

2. DATE AND HOUR OF DEATH: 11-18-72 | 2 15 PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Hamilton Nursing Center

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: ~~Baltimore~~ 2747
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6610 Fair Oaks Avenue

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	W	WIDOWED [X]	1-1-78	94				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Davis
14. MOTHER'S MAIDEN NAME: Rachael Green

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 223-26-2028
17. INFORMANT: Mrs. Ruth Fry
ADDRESS: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: CVA
DUE TO, OR AS A CONSEQUENCE OF:
(B) HASCVD and multiple CVA's
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Apr. 27 1972 to Nov. 18 1972, that (I) (we) last saw the deceased alive on Nov. 17 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/18/72
23C. PHYSICIAN'S NAME (Type): DR. I. W. FROMM DEGREE
23D. ADDRESS: 8014 Old Harford Road, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/21/72.	Montefiore Mutual Cemetery	Cincinnati, Ohio

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: Sidney Newton
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. ADDRESS: Balto. Md. 21214

VS 150-REV. 1/1/68

1

STATE OF MARYLAND-DEATH

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

B-600 BIRTH NO. 72 11053 REG. NO. 72 11053

1. NAME OF DECEASED (Type or Print): JOSEPH T. ~~BERRY~~ Barry

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month — Day — Year — Hour

3. DATE PRONOUNCED DEAD: November 19, 1972 — 2:55 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
44 UNION MEMORIAL HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: 2747

6. SEX: Male — 7. RACE: White — 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 3/24/15 — 10. AGE (In years last birthday): 57 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 2913 Pinewood Avenue

11. BIRTHPLACE (State or foreign country): Penna. — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas F. Barry

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper — 14B. KIND OF BUSINESS OR INDUSTRY: Self Employed

15. MOTHER'S MAIDEN NAME: Catherine Kane

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.: 207019435

18. INFORMANT: Mrs. Helen Barry-Balto.Md. — ADDRESS: 2913 Pinewood Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) Cirrhosis of liver — IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). pneumonitis

20A. DATE OF OPERATION — 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED — 21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/20/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 11/22/72 — 24C. NAME of CEMETERY or CREMATORY: Mt Olivet Cemetery — 24D. LOCATION (City, town, or county) (State): Carverton Pa.

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972 — 25B. NAME OF REGISTRAR: [signature] — 25C. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck Inc, Balto Md 21214

VS 151-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. V-435 72 11054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11054

STATE OF MARYLAND—DEATH

1. NAME OF DECEASED (Type or Print): Velten Ernest A.

2. DATE AND HOUR OF DEATH: 11/17/72 | 7 30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Maryland General Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 98

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Towson Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1309 Highland Dr

5. SEX	6. RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	W		07-16-06	66				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Part Office	CLERK —	Baltimore md	U. S.

13. FATHER'S NAME: Christian Velten

14. MOTHER'S MAIDEN NAME: Margaret ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 217-16-7304

17. INFORMANT: Ernest C. Velten ADDRESS (Same)

CAUSE OF DEATH

18. 15 8 01

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Intracerebral Met	
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Retro Rectoneal Histio Sarcoma	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/14/72 19__ to 11/17 19 72 that (I) (we) last saw the deceased alive on 11/17/72 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☒	23B. DATE SIGNED
J R Warfield	M. D.				11/17/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
John R. Warfield		970 Rumsey Pl. Joppa Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/21/72.	Parkwood Cemetery	Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 22 1972	Sidney [illegible]	Leonard J. Ruck, Inc. Balto. Md. 21214

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

STATE OF MARYLAND-DHMH

B-355 — 72 11055 — REG. NO. 72 11055

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BATEMAN, HARVEY ALBERT

2. DATE AND HOUR OF DEATH: November 18, 1972 — 3:50 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital
23
3900 Loch Raven Blvd
Baltimore, Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1206
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2126 St. Paul Street

5. SEX: MALE
6. RACE: CAUCASIAN
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7/23/11
9. AGE (In years last birthday): 61
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker
10B. KIND OF BUSINESS OR INDUSTRY: Ship Yard
11. BIRTHPLACE (State or foreign country): North ~~Carolina~~ Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert ? Bateman
14. MOTHER'S MAIDEN NAME: Maggie McCormick

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 719-10-6623
17. INFORMANT: CLIN RCDS, BALTIMORE, MARYLAND VA Hospital
ADDRESS:

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 162.1

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARCINOMA OF LUNG LEFT UPPER LOBE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Unk
DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 17, 1972 to November 18, 1972, that (I) (we) last saw the deceased alive on November 18, 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/18/72
23C. PHYSICIAN'S NAME (Type) DEGREE: Joselito S. Almario M.D. JOSELITO ALMARIO, M. D.
23D. ADDRESS: VA HOSPITAL, BALTIMORE, MARYLAND 21218

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/22/72.
24C. NAME of CEMETERY or CREMATORY: Glenwood Cemetery
24D. LOCATION (City, town, or county) (State): BRISTOL, TENN.

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: Sidney Silverstone
25C. FUNERAL DIRECTOR ADDRESS: Leonard J. Reck Inc. Balto. Md. 21214 ~~Bristol, Tennessee~~

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. K-142 72 11056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11056
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): JOSEPHINE B. KABLIS

2. DATE AND HOUR OF DEATH: Nov. 19, 1972. 12 4 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1355 Crofton Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2739
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1355 Crofton Road

5. SEX: ~~Male~~ Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 10, 1894
9. AGE (In years last birthday): 78
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Barthel
14. MOTHER'S MAIDEN NAME: Anna Gross

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-74-0571
17. INFORMANT: Mr. John A. Kablis
ADDRESS: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cerebral thrombosis, pneumonia	3 days
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Generalized Arteriosclerosis	5+ yrs
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Sept 1 1969 to Nov 19 1972, that (I) (we) last saw the deceased alive on Oct 31 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Frederick J. Vollmer M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11-20-72
23C. PHYSICIAN'S NAME (Type): FREDERICK J VOLLMER M.D. DEGREE
23D. ADDRESS: 6100 YORK RD BALTO MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/22/72
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: Sidney Silverstone
25C. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, Inc. Balto. Md.

VS 150-REV. 1/1/68

1

Released on Approval by Dr. Lipkovic M. E. Office

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-352 72 11057

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11057

REG. NO.

STATE OF MARYLAND-DEPT.

1. NAME OF DECEASED (Type or Print): Stinson, [redacted] Kathryn

2. DATE AND HOUR OF DEATH: 11/20/72 11:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md B. COUNTY: Baltimore 906

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 2864 Hanford Rd

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	N		7/25/20	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LPN	Nurses Aide	Statesville N.C.	USA

13. FATHER'S NAME: William McClelland

14. MOTHER'S MAIDEN NAME: Ola Dalton

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	246-28-0190	Carolyn Traylor	2864 Hanford Ave.

E9188

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiorespiratory arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Intracerebral Hematoma

DUE TO, OR AS A CONSEQUENCE OF:

(C) HT

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). None

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
11/10/72	Intracerebral Hematoma	Yes	No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Unknown	Unknown	Unknown

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?
—		—

22. I certify that (I) (this hospital) attended the deceased from 11/17 19 72 to 11/20 19 72 that (I) (we) last saw the deceased alive on 11/20 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE, DEGREE	Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐	23B. DATE SIGNED
Lyal Leibrock M.D.		11/20/72

23C. PHYSICIAN'S NAME (Type) Lyal Leibrock, M.D. DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/25/72	Belmont Cemetery	Statesville N.C.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 22 1972	[illegible]	William J. Spicer	1639 N. Broadway

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-23 72 11058

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11058
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): EDWARD McFADDEN

2. DATE AND HOUR OF DEATH: 11/14/72 — 7:50 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: UNIVERSITY HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 801
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 821 W. LEXINGTON ST.

5. SEX: M
6. RACE: N
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12/25/06
9. AGE (In years last birthday): 65
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or Foreign Country): South Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert McFadden
14. MOTHER'S MAIDEN NAME: Lillie Thompson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-28-5513
17. INFORMANT: Estelle McFadden — ADDRESS: 821 W. Lexington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIO-RESPIRATORY — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: MINUTES
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) BRAINSTEM INFARCT — 15 dys
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). HYPERTENSION

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/30 19 72 to 11/14 19 72 that (I) (we) last saw the deceased alive on 11/13 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: L B Barnett MD — DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/14/72
23C. PHYSICIAN'S NAME (Type): L.B. BARNETT MD — DEGREE
23D. ADDRESS: UNIVERSITY HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/20/72
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem
24D. LOCATION (City, town, or county) (State): Westport, md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: Sidney Whorton
25C. FUNERAL DIRECTOR: CHARLES A. RICE — ADDRESS: 1300 N. Eutaw Pl.

VS 150-REV. 1/1/68

1

STATE OF MARYLAND - DHMH

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

B-620 72 11059 — REG. NO. 72 11059

BIRTH NO.

1. NAME OF DECEASED (Type or Print): James O. Briscoe

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 14 — Year: 72 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 14 — Year: 72 — Hour: 8:12 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
38 University Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. — B. COUNTY: 2102

6. SEX: male — 7. RACE: Negro — 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto. — D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 5/20/30 — 10. AGE (In years last birthday): 42 — If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 516 Wyeth St. — 72 11060

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jim Briscoe

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Lyda

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 212-28-8498

18. INFORMANT: Nancy Briscoe — ADDRESS: 516 Wyeth Street

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I 4124 Arteriosclerotic cardiovascular disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 1 — 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Peter Lipkovic M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/15/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 11/20/72 — 24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery — 24D. LOCATION (City, town, or county) (State): Brooklyn, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972 — 25B. NAME OF REGISTRAR: [signature] — 25C. FUNERAL DIRECTOR: Charles A. Rice — ADDRESS: 1300 N. Eutaw Pl.

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-530 72 11060 REG. NO. 72 11060

STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Canty, Judson D
2. DATE AND HOUR OF DEATH: 11/16/72 8:15 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
   FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3T Mercy
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
   A. STATE: Md. B. COUNTY: 1703
   C. CITY OR TOWN: Balto D. INSIDE CITY LIMITS? YES ☑ NO ☐
   E. STREET AND NUMBER: 851 George St.
5. SEX: F
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 8/13/14
9. AGE (In years last birthday): 58
   If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): So. Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Priestly Shuler
14. MOTHER'S MAIDEN NAME: Luanna
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-22-2961
17. INFORMANT: Millie Alston ADDRESS: 2401 Brooksfield Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Carcinomatosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 month
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct. 21 19 72 to Nov. 16 19 72, that (I) (we) last saw the deceased alive on Nov. 16 19 7[illegible] and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Tohru Ohe MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/17/72
23C. PHYSICIAN'S NAME (Type): Tohru OHE MD DEGREE
23D. ADDRESS: Mercy Hospital, Baltimore, MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/21/72
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Westport, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: Sidney [illegible] Norton
25C. FUNERAL DIRECTOR: Charles A. Rice ADDRESS: 1300 N. Eutaw Place

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-260 72 11061 REG. NO. 72 11061 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): James McRae

2. DATE AND HOUR OF DEATH: 11/12/72 | 11:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital
34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: md. B. COUNTY: City 2002
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2146 Vine St. 21223

5. SEX: M
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ Sep
8. DATE OF BIRTH: 4/28/32
9. AGE (In years last birthday): 40
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): S. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Webster McRae
14. MOTHER'S MAIDEN NAME: Betty Terry

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: 237-46-7255
17. INFORMANT: HARRY McRAE ADDRESS: 2146 W. Vine St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause I(A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Hypoglycemia with Coma	hours
DUE TO, OR AS A CONSEQUENCE OF:	with assoc. pulm edema	
(B) DUE TO, OR AS A CONSEQUENCE OF:	Probable Islet Cell Tumor of Pancreas	months
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Adenoma of Left Adrenal Gland	months

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 11, 1972 to Nov. 12, 1972 that (I) (we) last saw the deceased alive on Nov. 12 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: B S Aranas DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11-12-72
23C. PHYSICIAN'S NAME (Type): BONIFACIO B. ARANAS DEGREE
23D. ADDRESS: BON SECOURS HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/16/72
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Arbutus, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: Audrey Watson
25C. FUNERAL DIRECTOR: Charles A. Rice ADDRESS: 1300 N. Eutaw Place

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-236 72 11062

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11062
STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): LUSTER, HATTIE

2. DATE AND HOUR OF DEATH: 11/18/72 | 1145 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: LUTHERAN HOSP., 730 ASHBURTON BALT., MD. 21216
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2002
C. CITY OR TOWN: 43 N. GORMAN Ave
D. INSIDE CITY LIMITS? YES [L] NO [ ]
E. STREET AND NUMBER: BALTIMORE

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	B	WIDOWED [ ]	1-7-10	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Virginia	U.S.

13. FATHER'S NAME: Jim Taylor

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	212-22-4059	Samuel Luster (Same)	43 N. Gorman Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cancer of Stomach c metastasis
DUE TO, OR AS A CONSEQUENCE OF:
(C) to the lungs

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINDS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/16 19 72 to 11/18 19 72 that (I) (we) last saw the deceased alive on 11/18 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]	23B. DATE SIGNED
B Snyder L.M.P.			

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
BERNARDO D. GONZALES	MD	LUTHERAN HOSP. 730 ASHBURTON BALT. MD. 21216

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/22/72	Mt. Auburn Cemetery	Westport, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 22 1972	Sidney Winston	Charles A. Rice	1300 N. Eutaw Place

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-415 72 11063 REG. NO. 72 11063 STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): MELVIN, GRADY ROSCO
2. DATE AND HOUR OF DEATH: NOVEMBER 16 1972 | 9:50 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: MARYLAND; B. COUNTY: 2006; C. CITY OR TOWN: BALTIMORE; D. INSIDE CITY LIMITS? YES [X] NO [ ]; E. STREET AND NUMBER: 205 S. HILTON STREET 21229
5. SEX: MALE
6. RACE: NEGRO
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9/4/1910
9. AGE (In years): 62
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: LLOYD MELVIN
14. MOTHER'S MAIDEN NAME: EUGENE 72 11064
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: WILKENS AVENUE 21229 ADDRESS: ST. AGNES HOSPITAL RECORDS CATON &

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

I 436.9
(A) IMMEDIATE CAUSE: Bilateral Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(B) C.V.A — Chronic
DUE TO, OR AS A CONSEQUENCE OF:
(C) Brain Syndrome —

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: X
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED — While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY Ooccur?

22. I certify that [X] (I) (this hospital) attended the deceased from ~~NOVEMBER~~ 31 1972 to NOVEMBER 16 1972, that [X] (we) last saw the deceased alive on NOVEMBER 16 ~~OCTOBER~~ 1972 and that to [X] (my) [X] (our) opinion death occurred on the date and hour and from the causes stated above. [X] (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S. San Pedro DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11 16 72
23C. PHYSICIAN'S NAME (Type): S. SAN PEDRO DEGREE
23D. ADDRESS: CATON & WILKENS AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/21/72
24C. NAME of CEMETERY or CREMATORY: Bolden Branch Cemetery
24D. LOCATION (City, town, or county) (State): Elizabethtown, North Carolina

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: Sidney Norton
25C. FUNERAL DIRECTOR: Charles A. Rice ADDRESS: 1300 N. Eutaw Place

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G-630 72 11084 REG. NO. 72 11084 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): GRADY, Alexander
2. DATE AND HOUR OF DEATH: 11-12-72 10:35 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 23 Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1903
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1937 Hollin Street

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	Negro	NEVER MARRIED	3-4-17	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver		Godurin, N. C.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Grady	Ester Smith

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	WW II	244-14-8450	VA Hospital Records	Baltimore, Maryland 21218

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Resp Insuff	30 hr
(B) DUE TO, OR AS A CONSEQUENCE OF:	Asthma, Rapid A fib	30 hr
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Multiple Myeloma	2 yrs

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		Yes	Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from October 17, 19 72 to November 12, 19 72, that (X) (we) last saw the deceased alive on November 12, 19 72 and that in (X) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Donald E Klug DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 11/14/72

23C. PHYSICIAN'S NAME (Type): DONALD E. KLUG MD DEGREE

23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/18/72	Arbutus Mem. Park	Arbutus, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 22 1972	Sidney Silverstone	Charles A. Rice	1300 N. Eutaw Place

VS 1S0-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-452 72 11065

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11065 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): WILLIAMS, JOHN
2. DATE AND HOUR OF DEATH: 11/12/72 | 6:00 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
   FULL NAME OF HOSPITAL OR INSTITUTION: BON SECOURS HOSPITAL
   (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3900
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
   A. STATE: MARYLAND
   B. COUNTY: 2001
   C. CITY OR TOWN: BALTIMORE
   D. INSIDE CITY LIMITS? YES [✓] NO [ ]
   E. STREET AND NUMBER: 1 N. MONROE ST 21223
5. SEX: MALE
6. RACE: B
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 05/01/90
9. AGE (In years last birthday): 82
   If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: GEORGE H. WILLIAMS
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNKNOWN
16. SOCIAL SECURITY NO.: 213-62-1889
17. INFORMANT: MARGARET BREW ADDRESS: 1 N. MONROE FRONT SHEET OF CHART

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Cachexia	22 DAYS
DUE TO, OR AS A CONSEQUENCE OF: (B)	Malnutrition, Anemia	
DUE TO, OR AS A CONSEQUENCE OF: (C)	Anorexia - unknown etiology	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	1) Right bundle branch block & anterior hemiblock 2) Proximal ascending colon obstruction	

19A. DATE OF OPERATION: NONE
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: NONE
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct. 20, 1972 to Nov. 12, 1972 that (I) (we) last saw the deceased alive on Nov. 10, 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: B Boniface Aranas M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Nov. 12, 1972
23C. PHYSICIAN'S NAME (Type): BONIFACIO A ARANAS DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/15/72
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Westport, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: Sidney Wilkerson
25C. FUNERAL DIRECTOR: Charles A. Rice ADDRESS: 1300 N. Eutaw Place

VS 150-REV. 1/1/68

48-28-43 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-625 72 11066 REG. NO. 72 11066 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) Grace Burgan

2. DATE AND HOUR OF DEATH 11/17/72 12 15 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
Baltimore City Hospitals 4940 Eastern Avenue Balto. Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY Baltimore 5300
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER 831 Mildred Avenue 21222

5. SEX Female 6. RACE Caucasian White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☒ 8. DATE OF BIRTH 12/6/16 9. AGE (In years last birthday) 56 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner 10B. KIND OF BUSINESS OR INDUSTRY Tavern 11. BIRTHPLACE (State or foreign country) Easton, Md 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Taylor 14. MOTHER'S MAIDEN NAME UNK.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT BCH: RECORDS ADDRESS 4940 Eastern Ave Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. 1990 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH (DOA)

(A) IMMEDIATE CAUSE Cardiopulmonary Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10–20 minutes
DUE TO, OR AS A CONSEQUENCE OF:

(B) Metastatic Carcinoma
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION 7. 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/17/19 72 to 11/17/19 72 that (I) (~~we~~ never ~~did not~~ saw the deceased alive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Ronald Banks M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED 11/17/72

23C. PHYSICIAN'S NAME (Type) RONALD BANKS M.D. DEGREE 23D. ADDRESS 4940 Eastern Avenue, Baltimore, Maryland Baltimore City Hospitals 21224

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 11/20/72 24C. NAME of CEMETERY or CREMATORY Oakhawn Cem 24D. LOCATION (City, town, or county) Balto. (State) Md

25A. DATE REC'D BY HEALTH DEPT. NOV 22 1972 25B. NAME OF REGISTRAR Sidney Morton 25C. FUNERAL DIRECTOR Joseph N. Zamino ADDRESS 263 S Conkling 50

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

STATE OF MARYLAND-DEPT.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

H-408 72 11067 — BIRTH NO.

72 11067 — REG. NO.

1. NAME OF DECEASED (Type or Print) JOHN A. HOWELL			2. DATE OF DEATH Known ☐ Estimated ☐ Month	Day	Year	Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 BALTO CITY HOSPITAL			3. DATE PRONOUNCED DEAD Month: November	Day: 19	Year: 1972	Hour: 6:59 P.M.
5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland	B. COUNTY: Baltimore 5300			
6. SEX: Male	7. RACE: White	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN: Baltimore Dundalk	D. INSIDE CITY LIMITS? YES ☐ NO ☒
9. DATE OF BIRTH: 7-30-20	10. AGE (In years last birthday): 52	If Under 1 Yr. Months / If Under 24 Hrs. Days / Hours / Min.	E. STREET AND NUMBER: 54 Mavista Avenue	
11. BIRTHPLACE (State or foreign country): New Jersey	12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME: John Howell	
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipyard	14B. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.		15. MOTHER'S MAIDEN NAME: Hilda	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes	(If yes, give war or dates of service) WW II	17. SOCIAL SECURITY NO. 220-07-1434	18. INFORMANT Wife: Mrs. Evelyn E. Howell	ADDRESS 54 Mavista Avenue Dundalk, Md. 21222

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
2		yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/20/72

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-24-72	Oak Lawn Cemetery	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 22 1972		John J. Duda	7922 Wise Ave. Dundalk, Md.

VS 151-REV. 7/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-630 72 11068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11068

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Ward Daniel

2. DATE AND HOUR OF DEATH: 11-20-72 | 4.30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 Maryland General Hospital, Baltimore, Maryland 21201

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 15/12
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3530 Overview Rd.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	N	WIDOWED [ ]	July 8, 1888	84		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	None	Cris Field, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Ward	Mary Wheatley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	—	214-01-9767A	Nellie Smith -	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Respiratory arrest	
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Bilateral Pneumonia	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Septicemia	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
[ ]		

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While At Work [ ] Not While At Work [ ]	

22. I certify that (I) (this hospital) attended the deceased from 11-14-1972 to 11-20-1972 that (I) (we) last saw the deceased alive on 11-20-1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	Attending Phys.	Med. Director	Staff Phys.	23B. DATE SIGNED
M. Ahmad MD DEGREE	[ ]	[ ]	[X]	11-20-72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Dr. M. Ahmad MD DEGREE	Maryland General Hospital Baltimore, Md 21201

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	11-24-72	Mt. Auburn Cem	Baltimore,	Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 22 1972	Sidney Silverstein	C. O. Wilson	

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-000 72 11069 REG. NO. 72 11069 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Lee, Hattie

2. DATE AND HOUR OF DEATH: November 15, 1972 6:50 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 39
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, Inc. 2600 Liberty Height Ave. Baltimore, Md. 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2843
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2809 Hillsdale Ave.

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 12-7-04
9. AGE (In years last birthday): 67
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryalnd
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Wader
14. MOTHER'S MAIDEN NAME: Gussie Law

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 911-29-1438
17. INFORMANT: David Turner (NEPHEW) ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral Hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Cerebro-vascular Accident
DUE TO, OR AS A CONSEQUENCE OF:
(C) Arteriosclerotic Heart Disease

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 15, 1972 to November 16, 1972, that (I) (we) last saw the deceased alive on November 16, 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Iluminada Hernandez, MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Nov. 17/72
23C. PHYSICIAN'S NAME (Type): ILUMINADA HERNANDEZ DEGREE
23D. ADDRESS: Provident Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-21-72
24C. NAME of CEMETERY or CREMATORY: Baltimore Nat Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: Sidney Wharton
25C. FUNERAL DIRECTOR: S. S. Wilson ADDRESS:

VS 1S0-REV. 1/1/68

1

72 11070

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

C-560
BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11070

1. NAME OF DECEASED (Type or Print): REGINALD CONNER	2. DATE OF DEATH: Known ☒ Estimated ☐ Month: November Day: 18 Year: 1972 Hour: 4:55 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital	3. DATE PRONOUNCED DEAD: Month: November Day: 18 Year: 1972 Hour: 4:55 A. M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 3544
6. SEX: Male — 7. RACE: Negro — 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES ☒ NO ☐
9. DATE OF BIRTH: May 5-1948 — 10. AGE (In years last birthday): 25 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.: 24	E. STREET AND NUMBER: 820 Glade Court
11. BIRTHPLACE (State or foreign country): North Carolina — 12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME: Goland Conner
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor — 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME: Susie Berry
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No — 17. SOCIAL SECURITY NO.: 214-50-3895	18. INFORMANT: Susie Conner — ADDRESS: same

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of abdomen and chest
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
2		Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Sidewalk	1051 Hillen 501

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCCUR?
11-18-72 3:29 A. m.		Shot by unknown assailant

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: November 18, 1972

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-22-72	Arbutus Cem	Arbutus Md

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 22 1972	[illegible]	E.O. Wilson	1000 Brandy Ln

VS 151-REV. 1/1/68

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STATE OF MARYLAND-DEPT
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11071

BIRTH NO. L-000

REG. NO. 72 11071

1. NAME OF DECEASED (Type or Print): Donald L. Lowe

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 15 — Year: 72 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 15 — Year: 72 — Hour: 8:10 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1542 N. Broadway

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Md.
B. COUNTY: 807
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐

6. SEX: male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: July 18 - 36
10. AGE (In years last birthday): 36
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Richard Lowe
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Ardelia Peterson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.: 217-30-3565
18. INFORMANT: Richard Lowe ADDRESS: 1004 N. Wolfe St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) Idiopathic cardiomyopathy — IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Noturol couses ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/15/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-21-72
24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county) (State): A.A. County Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: E.D. Wilson ADDRESS: 1001 Bradley Ln

VS 151-REV. 1/1/68

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72 11072

STATE OF MARYLAND—DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11072
REG. NO.

H-326
BIRTH NO.

1. NAME OF DECEASED (Type or Print)	ARTHUR HATCHER	2. DATE OF DEATH — Known ☐ Estimated ☒	Month 11-17	Day or 18	Year 72
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	00 1409 E. Fayette Street	3. DATE PRONOUNCED DEAD	November	18, 1972	2:30 P. M.
		5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland	B. COUNTY	301
6. SEX	Male	7. RACE	Negro	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	
C. CITY OR TOWN	Baltimore	D. INSIDE CITY LIMITS?	YES ☐ NO ☐		
9. DATE OF BIRTH	10-19-1925	10. AGE (In years last birthday)	47	If Under 1 Yr. or Under 24 Hrs. Months / Days / Hours / Min.	
E. STREET AND NUMBER	1409 E. Fayette Street				
11. BIRTHPLACE (State or foreign country)	Baltimore Md	12. CITIZEN OF WHAT COUNTRY?	USA	13. FATHER'S NAME	James Hatcher
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14B. KIND OF BUSINESS OR INDUSTRY		15. MOTHER'S MAIDEN NAME	Pearle Stewart
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	No	17. SOCIAL SECURITY NO.		18. INFORMANT	James Hatcher — ADDRESS Same

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) IMMEDIATE CAUSE: Fatty metamorphosis of liver
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
2		Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?
m.		

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Marvin S Platt M.D.
EXAMINER'S NAME (Type) Marvin S. Platt, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED November 19, 1972

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-22-72	Mt Auburn Cem	Balto Md

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 22 1972	Sidney Worton	Coulson	1000 Bradley Ln

VS 151-REV. 1/1/68

1

72 11073 STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

L-250

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11073

BIRTH NO.

42/99

1. NAME OF DECEASED (Type or Print) E. JOHN LOGAN		2. DATE OF DEATH Known ☒ Estimated ☐ Month: November Day: 18, Year: 1972 Hour: M.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital (DOA)		3. DATE PRONOUNCED DEAD Month: November Day: 18, Year: 1972 Hour: 9:20 P M.	
		5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 806	
6. SEX: Male	7. RACE: Negro	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES ☐ NO ☐
9. DATE OF BIRTH: 7-10-20	10. AGE (In years last birthday): 52	If Under 1 Yr. If Under 24 Hrs. Months / Days / Hours / Min.	E. STREET AND NUMBER: Earechson 1623 Erickson Place
11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME: William H. Logan	
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME: Mary A. Stanton	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)	17. SOCIAL SECURITY NO. 218-10-7995	18. INFORMANT: Eugene Logan	ADDRESS: 2817 The Alemeda

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — E966 X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Stabwound of neck
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
2		Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Sidwalk	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): In front of 5201 Elmer Avenue 2788
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-18-72 8:52 P m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCCUR? Stabbed during altercation

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S. Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: November 19, 1972

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-22-72	Mt Calvary Cemetery	Anne Arundel Cty., Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV22 1972	Sidney Norton	Wm. G. March	928 E. North Ave.

VS 151-REV. 1/1/68

N 834.1

RELEASED AS NON MED BY DR KORNBLUM OF THE MEDICAL EXAMINER'S OFFICE

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-152 72 11074

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11074
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Robinson, Eunice (Blount) M.

2. DATE AND HOUR OF DEATH: 11/19/72 1:05 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 806
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1707 N. BOND STREET

5. SEX: FEMALE 6. RACE: NEGRO 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 05-25-12 9. AGE (In years last birthday): 60 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VA 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: BENJAMIN (BLOUNT) BLUNT
14. MOTHER'S MAIDEN NAME: LULA GOODWIN HALL 72 11[illegible]
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT ADDRESS: Mrs. Rosetta Washington 1707 N Bond St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) IMMEDIATE CAUSE: Cardiorespiratory arrest of uncertain etiology
DUE TO, OR AS A CONSEQUENCE OF:
(B) Diabetes
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 11-19 19 72 to 11-19 19 72, that I (we) last saw the deceased alive on 11-19 19 72 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Harry K. Jacobson DEGREE: Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/19/72
23C. PHYSICIAN'S NAME (Type): Harry K. Jacobson DEGREE:
23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-25-72
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR ADDRESS: Wm C March 928 E North Ave.

VS 150-REV. 4/1968

1

STATE OF MARYLAND—DHMH

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

M-620 BIRTH NO. 72 11075 REG. NO. 72 11075

1. NAME OF DECEASED (Type or Print): LORETTA MYERS (BROOKS)

2. DATE OF DEATH: Known ☒ Estimated ☐ Month 11- Day 19 Year 72 Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year Hour — November 19, 1972 9:58 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
33 JOHNS HOPKINS HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1002

6. SEX: Female 7. RACE: Negro 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 2-27-36 10. AGE (In years last birthday): 36 If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 862 McAleer Ct.

11. BIRTHPLACE (State or foreign country): Balto. Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ernest Ferganson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Louise Kenner

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Gordon Myers ADDRESS: 1207 McCubbin Ct.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E965 X

Gunshot wound of head

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Unknown

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 805 E. Chase Street 1001

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-19-72 A.M. m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Shot during altercation

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/20/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11-24-72

24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972

25B. NAME OF REGISTRAR: [signature]

25C. FUNERAL DIRECTOR: Wm. C. March ADDRESS: 928 E. North Ave.

VS 151-REV. 1/1/68

1

STATE OF MARYLAND-DEPT.

G-615 72 11076

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11076

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Theresa Griffin

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month — Day — Year — Hour

3. DATE PRONOUNCED DEAD — Month: November — Day: 19 — Year: 1972 — Hour: 12:33 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2715 Rosedale Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: 1537

6. SEX: Female — 7. RACE: Negro — 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 11-23-14 — 10. AGE (In years last birthday): 57 — If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 2715 Rosedale Street

11. BIRTHPLACE (State or foreign country): Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A. — 13. FATHER'S NAME: Edward Truss

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 14B. KIND OF BUSINESS OR INDUSTRY — 15. MOTHER'S MAIDEN NAME: Lillian Amos

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) — 17. SOCIAL SECURITY NO. 219104211 — 18. INFORMANT: Doretta Castle — ADDRESS: 2604 Cecil Ave.

MEDICAL CERTIFICATION

19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) IMMEDIATE CAUSE: Hypertensive and arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0 — 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED — 21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/20/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 11-24-72 — 24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem. — 24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV22 1972 — 25B. NAME OF REGISTRAR: [signature] — 25C. FUNERAL DIRECTOR: V. Bailey — ADDRESS: Kelson F.H., 1348 N. Calhoun Street.

VS 151-REV. 7/1/68

1

C-600 72 11077

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11077

STATE OF MARYLAND-DEPT. OF HEALTH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Theodore Walter Carr

2. DATE AND HOUR OF DEATH: Nov. 20, 1972 — 3:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
US Public Health Service Hospital
3100 Wyman Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1602
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1403 Edmondson Ave.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	Negro	NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	11-9-22	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	US Coast Guard	NY	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. A. Carr	Alma Davis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes — CG 1939-1948	219-28-3613	Records — US PHS Hospital Mother — --	Balto, Md. same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

571.0 I

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Hepatic Failure	2 weeks
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Alcoholic Hepatitis & Cirrhosis	4 years
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Chronic Ethanolism	4 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		no	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct. 28 19 72, to Nov. 20 19 72, that (I) (we) last saw the deceased alive on Nov. 20 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Walter Noah Krumholz DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 11/20/72

23C. PHYSICIAN'S NAME (Type): Walter Noah Krumholz, MD DEGREE — 23D. ADDRESS: US PHS Hospital, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-24-72	Arlington Nat'l. Cem.	Washington, D.C.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 22 1972	Sidney [illegible]	V. Bailey Kelson F.H.	1348 Calhoun Street

VS 1S0-REV. 1/1/68

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STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

S-315 BIRTH NO. 72 11078

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11078

1. NAME OF DECEASED (Type or Print): PHILLIP J. STEVENS

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: November — Day: 18 — Year: 1972 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: November — Day: 18 — Year: 1972 — Hour: 10:32 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2214 N. Fulton Street (Pool Hall)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1303
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2545 Woodbrook Avenue

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 12-2-48
10. AGE (In years last birthday): 24
If Under 1 Yr. or Under 24 Hrs. — Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Stevens
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Helen Stewart
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Carolyn Toelle — ADDRESS: same

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E965X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of chest
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Pool Hall
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2214 N. Fulton St. - 2nd Flr. 1304
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-18-72 10:06 P.m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Shot by owner during altercation

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: November 19, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-24-72
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR V. Bailey ADDRESS: Kelson F.H. 1348 Calhoun Street

VS 151-REV. 1/1/68

N875.1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-452 72 11079 REG. NO. 72 11079 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): GEORGE WILLIAMS

2. DATE AND HOUR OF DEATH: 11/18/72 | 8:35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: LUTHERAN HOSP. OF MD. INC.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 730 ASHBURTON, BALTIMORE, MD. 21216

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 801 WILDWOOD PKWY. BALT. MD 21229
B. COUNTY:
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 801 Wildwood Pkwy. 1608

5. SEX: M
6. RACE: AMERICAN B
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 11-12-89
9. AGE (In years last birthday): 83
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): c lerk
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 218181417A
17. INFORMANT: Charles Williams ADDRESS: same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardio-pulmonary arrest — 5 min.
DUE TO, OR AS A CONSEQUENCE OF:

(B) Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:

(C)
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Fracture (R) Scapula

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No) YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☒ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 801 WILDWOOD PKWY, BALT. MD 21229
21D. TIME OF INJURY (APPROX.) (Month) 11 (Day) 16 (Year) 72 (Hour) 8:30 P.M.
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☑
21F. HOW DID INJURY OCCUR? Fell from Steps

22. I certify that (I) (this hospital) attended the deceased from NOV. 16 19 72 to NOV 18 19 72 that (I) (we) last saw the deceased alive on NOV. 18 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): RICARDO D. GONZALES JR MD DEGREE
23D. ADDRESS: LUTHERAN HOSP. 730 ASHBURTON, BALT. MD 21216

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-22-72
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: V. Bailey Kelson F.H.
ADDRESS: 1348 Calhoun Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

C-600 72 11080

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11080

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES H. CURRIE

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: November — Day: 18 — Year: 1972 — Hour: 5:50 P.M.

3. DATE PRONOUNCED DEAD — Month: November — Day: 18 — Year: 1972 — Hour: 5:50 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 University Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: 1001

6. SEX: Male

7. RACE: Negro

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 7-30-17

10. AGE (In years last birthday): 55
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 1018 E. Chase Street

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Otis Currie

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Security Guard

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Estelle Ball

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

17. SOCIAL SECURITY NO.: 217076638

18. INFORMANT — ADDRESS: Estelle Turner-sister 1435 Fremont Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E965.X

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of head and chest
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Store

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2910 Reisterstown Road 1505

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-17-72 6:15 P.m.

22E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR? Subject a Security Guard shot during a robbery

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: November 19, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11-25-72

24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972

25B. NAME OF REGISTRAR: Lindy Johnston

25C. FUNERAL DIRECTOR: V. Bailey — ADDRESS: Kelson F.H. 1348 Calhoun Street

VS 151-REV. 1/1/68

N8547 [illegible]

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-235

72 11081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REGISTRATION NO. 72 11081 STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): HOCHSTEIN, RUTH M.	2. DATE AND HOUR OF DEATH: NOVEMBER 21, 1972 7:30A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: 40 ST. AGNES HOSPITAL (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: MARYLAND B. COUNTY: 2834 C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ] E. STREET AND NUMBER: 702 COOKS LANE 21229
5. SEX: FEMALE 6. RACE: CAUCASIAN 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: 01/02/01 9. AGE (In years last birthday): 71 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MARYLAND	12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: JOHN WOODWARD	14. MOTHER'S MAIDEN NAME: MAMIE HESS WOODWARD
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT: CATON & WILKENS AVES. BALTO, MD 21229 ADDRESS: ST. AGNES HOSPITAL RECORDS;	

MEDICAL CERTIFICATION

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. 260.9 I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAUSE: Cerebral Vascular Accident	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO, OR AS A CONSEQUENCE OF: (B) Arteriosclerosis —	
	DUE TO, OR AS A CONSEQUENCE OF: (C) Diabetes Mellitus —	
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION: 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No): NONE	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?	

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 18 1972 to NOVEMBER 21 1972, that (I) (we) last saw the deceased alive on NOVEMBER 21 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]		23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type): S SAN PEDRO, M.D. DEGREE	23D. ADDRESS: BALTIMORE, MD 21229 ST. AGNES HOSPITAL: CATON & WILKENS AVES	

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL	24B. DATE: 11/24/72	24C. NAME of CEMETERY or CREMATORY: LOUDON PARK CEMETERY	24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND	
25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972	25B. NAME OF REGISTRAR: Sidney Johnston	25C. FUNERAL DIRECTOR: WITZKE, 1630 EDMONDSON AVE.	ADDRESS: 21228	

VS 1S0-REV. 1/1/68

B-623 1

BIRTH NO. 72 11082 STATE OF MARYLAND-DHMH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11082

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Clifford George Brissett Sr.

2. DATE AND HOUR OF DEATH: Nov. 21, 1972 | 1:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): US Public Health Service Hospital, 3100 Wyman Parkway

2X

4. USUAL RESIDENCE (Where decoosed lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2037
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 408 Loudon Ave.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In yeors last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	Negro	XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	2/17/99	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Steward	Seafarer	BWI	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Brissett	Abithia Campbell

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	217-05-6199	Records- US PHS Hospital, Balto, Md.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute bilateral broncho-pneumonia — Days

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF: Septicemia — Days

(C) DUE TO, OR AS A CONSEQUENCE OF: Chronic renal failure — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Gastrointestinal bleeding — Days

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		yes	yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 6 1972 to Nov. 21 1972, that (I) (we) last saw the deceased alive on Nov. 21 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE AND DEGREE: Robert Wright MD — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 11/21/72

23C. PHYSICIAN'S NAME (Type) DEGREE: Robert Wright, MD — 23D. ADDRESS: US PHS Hospital, Balto, Md. 21211

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11-25-72	ARBUTUS MEMORIAL PK.	BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 22 1972	Sidney J. Morton	MORTON & DYETT F. H.	1701 LAURENS ST.

RGB

VS 150-REV. 1/1/68

1

B-650

STATE OF MARYLAND-DHMH

72 11083

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11083

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE A. BROWN

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month — Day — Year — Hour M.

3. DATE PRONOUNCED DEAD — Month November — Day 20, — Year 1972 — Hour 1:30 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

37 MERCY HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland — B. COUNTY 1607

6. SEX: Male — 7. RACE: Negro — 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 2-16-16 — 10. AGE (In years last birthday): 56 — If Under 1 Yr. Months, Days; If Under 24 Hrs. Hours, Min.

E. STREET AND NUMBER: 1502 N. Rosedale Street

11. BIRTHPLACE (State or foreign country): PETERSBURG, VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY: SHERWOOD FEED

15. MOTHER'S MAIDEN NAME: MAGGIE BROWN

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO

17. SOCIAL SECURITY NO.: 216-10-8737

18. INFORMANT — ADDRESS: MRS. LUCY BROWN-1502 ROSEDALE STREET

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 4124

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION — 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED — 21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

Deputy CHIEF MEDICAL EXAMINER ☒

ASSISTANT MEDICAL EXAMINER ☐

ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/21/72

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL — 24B. DATE: 11-25-72 — 24C. NAME of CEMETERY or CREMATORY: MOUNT AUBURN CEMETERY — 24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972 — 25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR — ADDRESS: MORTON & DYETT F. H. 1701 LAURENS STREET

VS 151-REV. 1/1/68

C-1601

BALTIMORE CITY HEALTH DEPARTMENT

STATE OF MARYLAND CERTIFICATE OF DEATH

BIRTH NO. 72 11084 REG. NO. 72 11084

1. NAME OF DECEASED (Type or Print): MRS. ELNORA COOPER (ELEANORA)
2. DATE AND HOUR OF DEATH: NOV. 21ST 3.20 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE UNION MEMORIAL HOSPITAL
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 2710
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 4730 ALHAMBRA AVE

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	N	MARRIED ☒	09-16-12	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ~~UNKNOWN~~ ROSS OWENS
14. MOTHER'S MAIDEN NAME: ~~UNKNOWN~~ ROBERTA PEW

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): N/A
16. SOCIAL SECURITY NO.: 213-26-5567
17. INFORMANT: MR ALBERT COOPER ADDRESS: SAME

CAUSE OF DEATH

MEDICAL CERTIFICATION

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE: SUBARACHNOID HEMORRAGE	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) HYPERTENSION	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C) ARTERIOSCLEROSIS	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOV 16TH 1972 to NOV 21ST 1972, that (I) (we) last saw the deceased alive on NOV 21ST 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Andres Suarez DEGREE: MD. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type): ANDRES SUAREZ MD. DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11-24-72	ARBUTUS MEMORIAL PARK	BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 22 1972	Sidney J. Norton	MORTON & DYETT F. H. 1701 LAURENS STREET

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-345

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 72 11085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11085

1. NAME OF DECEASED (Type or Print) STATE OF MARYLAND-DEATH WILLIAM ISSAC STALLINGS

2. DATE AND HOUR OF DEATH NOVEMBER 20, 1972 7:30 p. M. (7:30 P.M.)

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3002 Lyttleton Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore 1607
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER 3002 Lyttleton Ave

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Male	C	MARRIED [X]	2-14-1891	81				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor	Handy Man	North Carolina	U.S.A.

13. FATHER'S NAME Same Issac Stallings
14. MOTHER'S MAIDEN NAME Annie ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO. 216-07-2883A
17. INFORMANT Gladys Stallings (wife) ADDRESS 3002 Lyttleton Ave

CAUSE OF DEATH

18. I 185-X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Carcinoma of Prostate	3-5 years
(B) DUE TO, OR AS A CONSEQUENCE OF:	Arterio sclerotic Cardiovascular disease	
(C)	Multi Mets	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Orchidectomy TUR Prostate

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
6/26/71	Ca of Prostate	No	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from June 71 19 to Nov 20 19 72, that (I) (we) last saw the deceased alive on August 19 72 and that In (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE Edward Stinson Jr MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED 11/21/72
23C. PHYSICIAN'S NAME (Type) Edward Stinson, Jr. DEGREE
23D. ADDRESS 15 East Biddle Street

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11-24-72	CARVER MEMORIAL PARK	LAUREL, MARYLAND

25A. DATE REC'D BY HEALTH DEPT. NOV 22 1972
25B. NAME OF REGISTRAR Sidney Worton
25C. FUNERAL DIRECTOR MORTON SUDYETT FUNERAL HOMES ADDRESS 1701 LAURENS ST.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

S-156 BIRTH NO. 72 11086 REG. NO. 72 11086 STATE OF MARYLAND-DIMHE

1. NAME OF DECEASED (Type or Print): George P. Shuppner
2. DATE AND HOUR OF DEATH: 11-19-72 6 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland; B. COUNTY: 901; C. CITY OR TOWN: Baltimore; D. INSIDE CITY LIMITS? YES ** NO ☐; E. STREET AND NUMBER: 511 E. 42nd Street 21218
5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ** ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-10-85
9. AGE (In years last birthday): 87 — If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher
10B. KIND OF BUSINESS OR INDUSTRY: Meat
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: George Shuppner
14. MOTHER'S MAIDEN NAME: Annie Rhodes
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 215-22-1333
17. INFORMANT ADDRESS: 216 Deep Dale Drive Timonium, Md. — Mr. & Mrs. John W. Vitzthum

E887X

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Arteriosclerotic heart disease
DUE TO, OR AS A CONSEQUENCE OF:
(B) Bilateral Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
hip left side

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

CERTIFICATION OF MEDICAL EXAMINER BY [illegible]

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 511 E. 42nd Street 901
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-15-72
21E. INJURY OCCURRED While At Work ☐ Not While At Work ** ☐
21F. HOW DID INJURY OCCUR?: While trying to reach chair fell

22. I certify that (I) (this hospital) attended the deceased from 11-15-72 19 to 11-19-72 19, that (I) (we) last saw the deceased alive on 11-19-72 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: John Taylor M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ** ☐
23B. DATE SIGNED: 11-19-72
23C. PHYSICIAN'S NAME (Type): John Taylor M. D. DEGREE
23D. ADDRESS: Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-22-72
24C. NAME of CEMETERY or CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: Sidney Katherine
25C. FUNERAL DIRECTOR ADDRESS: H. W. Jenkins & Sons Co. 4905 York Road Balto., Md. 21212

N820.4

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-552 72 11087 REG. NO. 72 11087 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Lucretia Manning

2. DATE AND HOUR OF DEATH: November 20, 1972 4:25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 48 Maryland General Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1403
C. CITY OR TOWN: Baltimore,
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1901 Etting Street

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	Negro	WIDOWED [X]	Jan. 24, 1887	85		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Valentine, Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Manning	Margaret MN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	223-48-8969	George Manning	1816 E. Lafayette Street

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 410.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute coronary ASCVD — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
9/29/72	Acute Cholecystitis	No	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
no.	no injury	

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
no injury	While At Work [ ] Not While At Work [ ]	

22. I certify that (I) (this hospital) attended the deceased from 8/3/1972 19 to 11/3/72 19, that (I) (~~we~~) (~~last~~) saw the deceased alive on 11/3/72 19 and that in(my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: F.C. Caguin DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] — 23B. DATE SIGNED: 11/21/72

23C. PHYSICIAN'S NAME (Type): F.C. Caguin, M.D. P. A. DEGREE — 23D. ADDRESS: 230 East 25th Street

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	11-21-72	Manning Cemetery	Valentine, Virginia

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 22 1972	Sidney [illegible]	Arlington S. Phillips 1727 N. Monroe St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. 242 72 11088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11088

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): GLADYS MAE DOUGLASS

2. DATE AND HOUR OF DEATH: NOVEMBER 15, 1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
42 SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2716
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES XX NO
E. STREET AND NUMBER: 3117 VIRGINIA AVENUE

5. SEX: FEMALE
6. RACE: BLACK
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED XX
8. DATE OF BIRTH: MARCH 5, 1922
9. AGE (In years last birthday): 50
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MIDDLESEX CO, VIRGINIA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: GEORGE EPPS
14. MOTHER'S MAIDEN NAME: SUE WARD

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 229-20-6075
17. INFORMANT: JAMES HARRIS - ADDRESS: 166 Fabyan Place NEWARK, NEW JERSEY

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 4.12.2 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hypertensive Cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C) Chronic Hypertension

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from June 1966 to November 1972, that (I) (~~we~~) last saw the deceased alive on November 11 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Claude Hill MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11/20/72
23C. PHYSICIAN'S NAME (Type): CLAUDE D. Hill MD DEGREE
23D. ADDRESS: 934 W North Ave

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11-20-72
24C. NAME of CEMETERY or CREMATORY: CEDAR HILL CEMETERY
24D. LOCATION (City, town, or county) (State): A.A. CO. MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: Sidney Schwartz
25C. FUNERAL DIRECTOR: ARLINGTON S. PHILLIPS-1727 N. MONROE ST ADDRESS

VS 150-REV. 1/1/68B

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospitol and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-300 72 11089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11089

STATE OF MARYLAND - DRAFT

1. NAME OF DECEASED (Type or Print): MOTT, DAVID L.	2. DATE AND HOUR OF DEATH: NOVEMBER 14 1972 | 9:30 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: 40 ST AGNES HOSPITAL (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: MARYLAND B. COUNTY: Pr. Geo. 6600 C. CITY OR TOWN: LAUREL D. INSIDE CITY LIMITS? YES ☒ NO ☐ E. STREET AND NUMBER: 1200 SNOWDEN PLACE
5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 11/26/25 9. AGE (In years last birthday): 46 If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER 10B. KIND OF BUSINESS OR INDUSTRY: USA	11. BIRTHPLACE (State or foreign country): FLORIDA 12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: DAVID MOTT	14. MOTHER'S MAIDEN NAME: MATTIE OSBOURNE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): WW-2 16. SOCIAL SECURITY NO.: 424209798	17. INFORMANT: ST AGNES RECORDS ADDRESS: WILKENS & CATON AVES BALTIMORE MD 21229

MEDICAL CERTIFICATION

1B. 410.9 I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: PULMONARY EMBOLI, CORONARY disease
DUE TO, OR AS A CONSEQUENCE OF: acute Posterocepital myo cardial infarction, Pulmonary edema.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 12	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No): YES	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?	

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 11 19 72 to NOVEMBER 14 19 72, that (I) (we) last saw the deceased alive on NOVEMBER 14 19 72 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. G. Romero MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑		23B. DATE SIGNED: 11-15-72
23C. PHYSICIAN'S NAME (Type): E.G.ROMERO,M.D. DEGREE	23D. ADDRESS: ST AGNES HOSPITAL WILKENS & CATON AVES BALTO MD 21229	
24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 11/17/72	24C. NAME of CEMETERY or CREMATORY: Arlington National Arlington Virginia
24D. LOCATION (City, town, or county) (State)		
25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972	25B. NAME OF REGISTRAR: Audrey [illegible]	25C. FUNERAL DIRECTOR: Donaldson Funeral Home Laurel Md ADDRESS

VS 150-REV. 1/1/68

STATE OF MARYLAND—DHMH

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

S-530 72 11090 — REG. NO. 72 11090

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lynn ALLEN SMITH

2. DATE OF DEATH — Known [X] Estimated [ ]: Month November, Day 18, Year 1972, Hour ___ M.

3. DATE PRONOUNCED DEAD: Month November, Day 18, Year 1972, Hour 11:28 PM.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: ST. MARY'S 6800

6. SEX: Male
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
C. CITY OR TOWN: Lexington Park
D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: Nov. 18, 1946
10. AGE (In years last birthday): 26 yrs
If Under 1 Yr. or Under 24 Hrs. — Months ___ Days ___ Hours ___ Min. ___
E. STREET AND NUMBER: 313 Yorktown Road

11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Theodore Smith

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY: C & P Telephone Co.
15. MOTHER'S MAIDEN NAME: Emma Wandel

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.: 215 50 7782
18. INFORMANT: Mrs Emma W Smith — ADDRESS: 313 Yorktown Road Lexington Park, Maryland

E812.0

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Multiple injuries
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): ~~XXXXXX~~ Highway
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Rte #5 Md. St.- S. of Willows Road 6800

22D. TIME OF INJURY (APPROX.) — (Month) 11-18-72 (Day) (Year) (Hour) 7:50 Pm.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? Driver in auto-auto collision

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: November 19, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Nov. 21, 1972
24C. NAME of CEMETERY or CREMATORY: Trinity Memorial Garden
24D. LOCATION (City, town, or county) (State): Waldorf, Charles, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR: Ailey Parker
25C. FUNERAL DIRECTOR — ADDRESS: W. Clarke Mattingley Leonardtown, Maryland

VS 151-REV. 1/1/68

62-16-09
JD

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Bad burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-520 Cecil Co 72-27148 72 11691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 72 11691

STATE OF MARYLAND-DHMH

BIRTH NO.

1. NAME OF DECEASED (Type or Print): King-Baby-Boy Donald King Jr.

2. DATE AND HOUR OF DEATH: 11-18-72 | 12:40 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
31 Baltimore City Hospitals
4940 Eastern Ave.
Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore- Cecil 5700
C. CITY OR TOWN: Elkton
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Rd 1 Pine Mills Elkton, Md. 21921

5. SEX: Male
6. RACE: Cacausion
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-7-72
9. AGE (In years last birthday) | If Under 1 Yr. Months | Days: 11 | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Donold- Donald King Sr.
14. MOTHER'S MAIDEN NAME: Yvonne Sampson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: BCH Records:
ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Severe respiratory acidosis	
DUE TO, OR AS A CONSEQUENCE OF: (B)	Respiratory distress syndrome	
DUE TO, OR AS A CONSEQUENCE OF: (C)	Prematurity - 34-35 wks.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-7-72 19 to 11-18-72 19
that (I) (we) last saw the deceased alive on 11-18 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Asuncion P. Disini M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11-18-72
23C. PHYSICIAN'S NAME (Type): ASUNCION P. DISINI M.D. DEGREE
23D. ADDRESS: BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE BALTO. MD. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-21-72
24C. NAME of CEMETERY or CREMATORY: Union Cemetery
24D. LOCATION (City, town, or county) (State): Elkton, Cecil County Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Grant Funeral Home
ADDRESS: North East, Md.

VS 150-REV. 1/1/68

5-400 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 72 11092 REG. NO. 72 11092

STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ROMANA P. SEWELL

2. DATE AND HOUR OF DEATH: November 15, 1972 M.

3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 39 Provident Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 15-47
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3107 Gwynnfalls Parkway

5. SEX: Female
6. RACE: Philippino
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 22, 1904
9. AGE (In years last birthday): 68
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philippine Islands
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sinferosa Pascual
14. MOTHER'S MAIDEN NAME: Dianisia Ermita

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-14-0116
17. INFORMANT: JI Richard Burrell, ADDRESS: 3107 Gwynnfalls Pky.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Coronary Insufficiency	7 yr
DUE TO, OR AS A CONSEQUENCE OF:	C.H.F.	
(B)	A.S.C.V.D.	7 yrs.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	1° Heart Block	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Bronchio-Pneumonia Hypostasis	

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 6/18 1972 to NOV. 15 1972 that (I) (we) last saw the deceased alive on Oct. 26 1972 and that In(my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Kenneth Krulewitz MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/17/72
23C. PHYSICIAN'S NAME (Type): Kenneth Krulewitz MD DEGREE
23D. ADDRESS: 115 W. Monument St.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Nov. 20, 72
24C. NAME of CEMETERY or CREMATORY: Lauden Nat. Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 22 1972
25B. NAME OF REGISTRAR: Sidney Winston
25C. FUNERAL DIRECTOR: Kenneth Law, ADDRESS: 4611 Park Heights Ave.

VS 150-REV. 1/1/68

1

M-200 72 11093

STATE OF MARYLAND-DEPT
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11093

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print)	VANESSA MC LEE		2. DATE OF DEATH Known [X] Estimated [ ]	Month / Day / Year: November 19, 1972	Hour: M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Sinai Hospital (DOA)		3. DATE PRONOUNCED DEAD	Month / Day / Year: November 19, 1972	Hour: 2:27 A. M.
			5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland	B. COUNTY: 2716
6. SEX	7. RACE	8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	C. CITY OR TOWN	Baltimore	D. INSIDE CITY LIMITS? YES [ ] NO [ ]
Female	Negro				
9. DATE OF BIRTH	10. AGE (In years last birthday)	If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.	E. STREET AND NUMBER	2942 Edgecomb Circle, N.	
Feb. 20, 1956	15				
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		
Newport news, Va.	U.S.A.		Bailus McLee		
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY		15. MOTHER'S MAIDEN NAME		
			Evelyn Hampton		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	17. SOCIAL SECURITY NO.		18. INFORMANT	ADDRESS	
NO	None		Evelyn McLee,	2942 Edgecombe Circle N.	

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Focal myocarditis

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
		Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: November 19, 1972

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Nov. 25, 1972	Mt. Auburn	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 22 1972		Kenneth Law,	4611 Park Heights Ave.

VS 151-REV. 1/1/68

12-14-1972 - Completion of cause of death on a pending medical examiner death certificate
Marvin S. Platt, M.D. HS

1

IMPORTANT

FUNERAL DIRECTOR:

(1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-530 [redacted] 72 11694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. [redacted]

REG. NO. 72 11694

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Miss Bennett Gladys

2. DATE AND HOUR OF DEATH: 11-17-72 | 8 55 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
34
Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: md. B. COUNTY: 2002
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: Penrose AVE (2243)

5. SEX	6. RACE	7. MARITAL STATUS	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	W N	MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	02/24/26	46		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
D		Maryland	U.S

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
U-100				

E931.1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	GI Bleeding	—
DUE TO, OR AS A CONSEQUENCE OF: (B)	Hepatitis, possibly INH induced	—
DUE TO, OR AS A CONSEQUENCE OF: (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		YES	YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
		00-00

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-3 1972 to 11-17 1972 that (I) (we) last saw the deceased alive on 8:55 PM 11-17 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒	23B. DATE SIGNED
A. Saberi, M.D.			11-17-72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
ABAS SABERI-GHOUCHANI		Bon Secours Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/21/72	Mt. Auburn Cemetery	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 22 1972	Sidney Silverstone	Kenneth Law,	4611 Park Heights Ave.

VS 150-REV. 1/1/68

William O. Tuley, M.D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-200 72 11095 REG. NO. 14651095

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): Teny Hayes

2. DATE AND HOUR OF DEATH: 11/16/72 1235 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Harbor View NURSING Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: BALto 2834
C. CITY OR TOWN: BALto D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 4512 Robeley Rd

5. SEX: F 6. RACE: N 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ 8. DATE OF BIRTH: 10/19/1912 9. AGE (In years last birthday): 60 If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): factory WORKER 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country): N.C 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Bailey 14. MOTHER'S MAIDEN NAME: Lula Clay (Louise Clay)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 212-20-6481 17. INFORMANT: Lotta Long ADDRESS: SAME

CAUSE OF DEATH

18. 250.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: DIABETES MELLITUS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: CHRONIC
DUE TO, OR AS A CONSEQUENCE OF:
(B) CVA-(R) HEMIPARESIS — "
DUE TO, OR AS A CONSEQUENCE OF:
(C) CHRONIC RENAL FAILURE — "

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 2 NOV 19 72 to 16 NOV 19 72, that (I) (we) last saw the deceased alive on 16 NOV 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Edwin C. Fulton, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: 16 Nov. 72

23C. PHYSICIAN'S NAME (Type): Edwin Fulton, M.D. DEGREE 23D. ADDRESS: Harbor View Convalescent Center

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: Nov 24, 72 24C. NAME of CEMETERY or CREMATORY: Carver Mem. Park 24D. LOCATION (City, town, or county) (State): Laura, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 22 1972 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS: H. Law 4611 Park Heights.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Street should be:
Rokeby Rd

1

P-400 72 11096

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11096

STATE OF MARYLAND—DEATH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death accurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronaunced death was in regular attendance on the deceased prior to death); and (6) Na physician was in regular attendance an the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Catherine Jeanette Poole

2. DATE AND HOUR OF DEATH: Nov. 18, 1972 8:30 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 1921 N. Forest Park Ave., Balto. 21207

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY 2833
C. CITY OR TOWN
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER 1921 N. Forest Park Avenue, Balto. 21207

5. SEX	6. RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	W		6/24/98	74 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstress		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Jones	Greene

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Paul Wade Poole	1921 N. Forest Park Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

412.3 I

(A) IMMEDIATE CAUSE: Arteriosclerotic Heart disease
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Sept 19 1970 to Sept 19 1972, that (I) (~~we~~) last saw the deceased alive on Nov 14, 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Abraham B Hurwitz MD DEGREE	Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐	Nov. 20, 1972

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
ABRAHAM B HURWITZ MD DEGREE	7501 Liberty Rd Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/21/72	Lorraine Cemetery	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 24 1972	Sidney [illegible]	Armacost Funeral Chapel, 4600 Lib. Hts.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11097

STATE OF MARYLAND DEATH

BIRTH NO. M-260 72 11097 72-16707

1. NAME OF DECEASED (Type or Print): McGuire Baby

2. DATE AND HOUR OF DEATH: 12 Nov 1972 | 5:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore Gen Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2404
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1722 Jackson St.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	W	NEVER MARRIED [X]	10 Nov 1972		2	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William H. McGuire	Teresa Sappe	1722 Jackson St Balto 21230 Md. ADDRESS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Hyaline Membrane Disease	2 days
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Prematurity (28.5 wks gestation)	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10 November 19 72 to 12 November 19 72 that (I) (we) last saw the deceased alive on 12 November 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]	23B. DATE SIGNED
[signature]	MD		12 Nov 1972

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Moore	MD	SBGH

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Cremation	11/21/72	U of M Anatomy Board	Balt. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 24 1972	[signature]	Raymond J. Curran	817 Scarlett Dr. Towson, MD 21204

VS 150-REV. 1/1/68

11

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

43

1

72 11698 STATE OF MARYLAND-DEATH

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11698

BIRTH NO. B-600

1. NAME OF DECEASED (Type or Print): EDWARD BERRY

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month — Day — Year — Hour

3. DATE PRONOUNCED DEAD — Month: 10 — Day: 29 — Year: 1972 — Hour: 5 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 402

6. SEX: male — 7. RACE: negro — 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: UNK — 10. AGE (In years last birthday): 36 — If Under 1 Yr. Months, Days, If Under 24 Hrs. Hours, Min.

E. STREET AND NUMBER: 739 W. Fayette St.

11. BIRTHPLACE (State or foreign country): UNK

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: UNK

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNK

14B. KIND OF BUSINESS OR INDUSTRY: UNK

15. MOTHER'S MAIDEN NAME: UNK

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): UNK

17. SOCIAL SECURITY NO.: UNK

18. INFORMANT: Hospital Records ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): 571.8 Fatty infiltration of liver

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2 — 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED — 21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Russell S. Fisher, M.D.

CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 10-30-72

24A. BURIAL CREMATION, REMOVAL (Specify): [illegible] — 24B. DATE: 11-21-72 — 24C. NAME of CEMETERY or CREMATORY: Vet. Mem. Auditorium Board — 24D. LOCATION (City, town, or county) (State): Balt. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972 — 25B. NAME OF REGISTRAR: [signature] — 25C. FUNERAL DIRECTOR: Raymond J. Curran — ADDRESS: 812 Carlett Ave Towson, MD 21204

VS 151-REV. 1/1/68

3/2/73 - Letter from M.E.O. office, dated 11/8/72.

Xpc.

1

72 11699 STATE OF MARYLAND-DEATH

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

B-220 BIRTH NO.

72 11699 REG. NO.

1. NAME OF DECEASED (Type or Print): George Baches

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 10 — Day: 18 — Year: 72 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: 10 — Day: 18 — Year: 72 — Hour: 1:45 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
38 University Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 402 C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES [ ] NO [ ]

6. SEX: male

7. RACE: Negro

8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: UNK

10. AGE (In years last birthday): 57
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 739 W. Fayette St.

11. BIRTHPLACE (State or foreign country): UNK

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: UNK

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNK

14B. KIND OF BUSINESS OR INDUSTRY: UNK

15. MOTHER'S MAIDEN NAME: UNK

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): UNK.

17. SOCIAL SECURITY NO.: UNK.

18. INFORMANT: Hospital Records ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

4-31,9

(A) Intercerebral hemorrhage — IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Peter Lipkovic M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: 10/18/72

24A. BURIAL CREMATION REMOVAL (Specify): 11.21.72

24B. DATE

24C. NAME of CEMETERY or CREMATORY: UofM Anatomy Board

24D. LOCATION (City, town, or county) (State): Balt MD

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972

25B. NAME OF REGISTRAR: Lilly M Norton

25C. FUNERAL DIRECTOR: Raymond J. Curran ADDRESS: 817 Garrett Blvd Baltimore MD Towson

VS 151-REV. 1/1/68

1

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

Z-520 72 11100

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11100

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): TIT ZINKO	2. DATE OF DEATH: Known ☐ Estimated ☒ Month: Oct Day: 28, Year: 1972 Hour: M.		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: 00 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 242 S. Harring Court	3. DATE PRONOUNCED DEAD: Month Day Year: October 28, 1972 Hour: 3:40 P. M.		
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 301		
6. SEX: Male	7. RACE: Negro	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
9. DATE OF BIRTH: UNK	10. AGE (In years last birthday): 83 If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.		E. STREET AND NUMBER: 242 S. Harring Court
11. BIRTHPLACE (State or foreign country): UNK	12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME: UNK
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNK	14B. KIND OF BUSINESS OR INDUSTRY: UNK		15. MOTHER'S MAIDEN NAME: UNK
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): UNK	17. SOCIAL SECURITY NO.: UNK		18. INFORMANT: MEDICAL EXAMINERS, RECORDS ADDRESS

MEDICAL CERTIFICATION

19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 4127

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Chronic obstructive pulmonary disease

20A. DATE OF OPERATION: 0	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): XXX No
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: October 29, 1972

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE: 11-2-72	24C. NAME of CEMETERY or CREMATORY: U of M Anatomy Board	24D. LOCATION (City, town, or county) (State): Balt. Md.
25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972	25B. NAME OF REGISTRAR: Sidney M Morton	25C. FUNERAL DIRECTOR: Raymond J. Curran	ADDRESS: 7 Reisterstown Rd Pikesville MD 21208

VS 151-REV. 1/1/68

1

W-452 72 11101

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11101 REG. NO.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN WILLIAMS

2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD Month Day Year Hour: November 3, 1972 5:26 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 2818 Orleans Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 601

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
9. DATE OF BIRTH: UNK
10. AGE (In years last birthday): C 62
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
E. STREET AND NUMBER: 2818 Orleans Street
11. BIRTHPLACE (State or foreign country): UNK
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: UNK.
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNK
14B. KIND OF BUSINESS OR INDUSTRY: UNK.
15. MOTHER'S MAIDEN NAME: UNK.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): UNK
17. SOCIAL SECURITY NO.: UNK
18. INFORMANT ADDRESS: MEDICAL EXAMINERS RECORDS.

MEDICAL CERTIFICATION

CAUSE OF DEATH

19. 412.4 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Arteriosclerotic cardiovascular disease
(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.
Deputy CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED 11/4/72

24A. BURIAL CREMATION, REMOVAL (Specify): 24B. DATE 11-21-72
24C. NAME of CEMETERY or CREMATORY: U of M ANATOMY BOARD
24D. LOCATION (City, Town, or county) (State): BALT. MD.

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR
26C. FUNERAL DIRECTOR: RAYMOND J. CURRAN ADDRESS: 819 SCARLETT DR. TOWSON, MD 21204

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-453 72 11102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11102

BIRTH NO.

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Clara Drey Hollander

2. DATE AND HOUR OF DEATH: November 20 | 11:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 2513 Talbot Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2843
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2513 Talbot Rd

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Sept 7 1885
9. AGE (In years last birthday): 87
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Lauer
14. MOTHER'S MAIDEN NAME: Rosa Drey

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-46-9728
17. INFORMANT: Sidney Hollander Jr ADDRESS: 2501 Talbot Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Intestinal Hemorrhage	24 hours
(B) DUE TO, OR AS A CONSEQUENCE OF:	Cancer- Gall Bladder + metastasis	8 months
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: April 21 1972
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Cancer Gallbladder
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1934 19 ___ to Nov 20 1972
that (I) (we) last saw the deceased alive on Nov 20 1972 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Frank F Furstenberg M.D DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Nov 21 72
23C. PHYSICIAN'S NAME (Type): Frank F. Furstenberg M.D. DEGREE
23D. ADDRESS: 3100 St Paul St Baltimore Md

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 11-26-72
24C. NAME of CEMETERY or CREMATORY: Md. Anatomy Board
24D. LOCATION (City, town, or county) (State): Balt. Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Raymond J. Curran ADDRESS: 817 Scarlett Dr Towson, Md 21204

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. K-520 72 11103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11103 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) KNOX NELLIE

2. DATE AND HOUR OF DEATH 11-14-72 | 7:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
43 SOUTH BALT. GEN. HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE BALTIMORE B. COUNTY MARYLAND 2403
C. CITY OR TOWN BALTIMORE CITY D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER 1213 LIGHT ST. HARBOR VIEW

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	B		1-16-96	76				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME HENDRY KNOX
14. MOTHER'S MAIDEN NAME ELITA

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-30-3854
17. INFORMANT MRS. OCTAVIA HENDERSON ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	TERMINAL BRONCHO-PNEUMONIA PROB. ASPIRATION	
(B) DUE TO, OR AS A CONSEQUENCE OF:	CHRONIC RENAL FAICURE	
(C)	URINARY TRACT INFECTION, CHRONIC	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	DIABETES MELLITUS	

19A. DATE OF OPERATION 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes) or No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-2-72 19 to 11-14 19 72 that (I) (we) last saw the deceased alive on 11-14 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED 11-14-72 7:45 PM
23C. PHYSICIAN'S NAME (Type) DR. CARLOS N. PATALINGHUG DEGREE
23D. ADDRESS SOUTH BALT. GEN. HOSP.

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 11.21.72 24C. NAME of CEMETERY or CREMATORY U of M - ANATOMY BOARD 24D. LOCATION (City, town, or county) (State) BALT. MD.

25A. DATE REC'D BY HEALTH DEPT. NOV 24 1972 25B. NAME OF REGISTRAR Sidney Moorman 25C. FUNERAL DIRECTOR RAYMOND J. CURRAN ADDRESS 817 SCARLETT TOWSON, MD. 21204

VS 150-REV. 1/1/68

Coded to N. H
Did not return call

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. V-410 < 72-17363 72 11104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11104 4

REG. NO. 547-24

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): baby boy Yozba	2. DATE AND HOUR OF DEATH: 3.30 am 11-16-72 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital of Baltimore Belvedere ave at green Spring 21215	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY: 543 Langley Rd 21221 5300
	C. CITY OR TOWN: Baltimore
	D. INSIDE CITY LIMITS? YES ☒ NO ☐
	E. STREET AND NUMBER: 543 Langley Rd 21221

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	W Black	NEVER MARRIED ☒	11-15-72			8 / X

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Sinai Hospital Balto MD	American

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
—	Jacqueline (544-641)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT — ADDRESS
—	—	From the chart (mother and baby)

MEDICAL CERTIFICATION

18. 776.21 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Sever R.D.S
DUE TO, OR AS A CONSEQUENCE OF: poss. bl C.V.S Bleeding

(B) prematurity . anoxia
DUE TO, OR AS A CONSEQUENCE OF:

(C) anoxia . portal hyp Collaps

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
—	—	—	—

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?
—	—	—

22. I certify that (I) (this hospital) attended the deceased from 6:30 PM 11-15 1972 to 3:30 am 11-16 1972 that (I) (we) last saw the deceased alive on 2:30 am 11-16 1972 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
A. Shahideh MD DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒	11-16-72 3:45 am

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
A-SHAHIDEH DEGREE	Sinai Hospital of Baltimore

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)	25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
—	11-21-72	Co. of M Anatomy Board	Balt. Md.	NOV 24 1972	Sidney [illegible]	RAYMOND V. CURRAN	87 Scarborough Rd Towson, Md. 21204

VS 150-REV. 1/1/68

hospital called race is white

1

S-352 72 11105 STATE OF MARYLAND-DEMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 72 11105

1. NAME OF DECEASED (Type or Print) William Steimke

2. DATE OF DEATH — Known XX Estimated ☐ — Month 10 — Day 15 — Year 72 — Hour M.

3. DATE PRONOUNCED DEAD — Month 10 — Day 15 — Year 72 — Hour 4:20 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
43 South Baltimore General Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY 2201

6. SEX male

7. RACE White

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

C. CITY OR TOWN Balto.

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH UNK

10. AGE (In years last birthday) 65

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

E. STREET AND NUMBER 805 William St.

11. BIRTHPLACE (State or foreign country) UNK

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME UNK

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNK

14B. KIND OF BUSINESS OR INDUSTRY UNK

15. MOTHER'S MAIDEN NAME UNK

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNK

17. SOCIAL SECURITY NO. UNK

18. INFORMANT HOSPITAL RECORDS ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No) no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type) Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 10/16/72

24A. BURIAL CREMATION REMOVAL (Specify)

24B. DATE 11-21-72

24C. NAME of CEMETERY or CREMATORY U of M Anatomy Board

24D. LOCATION (City, town, or county) (State) Balt. Md.

25A. DATE REC'D BY HEALTH DEPT. NOV 24 1972

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR Raymond J. Curran ADDRESS 817 Scarlett Dr. Towson, Md. 21204

VS 151-REV. 7/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-600 72 11106 REG. NO. 72 11106 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Myrtle D. Moore
2. DATE AND HOUR OF DEATH: 11/21/72 6:45 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Long Green Nursing Home 90
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Carney D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 9301 Old Harford Road
5. SEX: Female 6. RACE: Caucasian 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: April 4, 1892 9. AGE (In years last birthday): 80 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Harry C. Dent
14. MOTHER'S MAIDEN NAME: Frances Guyther
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 216-46-6180
17. INFORMANT: Mrs. Dorothy M. Old ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I 4409
(A) IMMEDIATE CAUSE: Arteriosclerotic Vasc Disease
DUE TO, OR AS A CONSEQUENCE OF:
(B) Severe debilitation - Malnutrition
DUE TO, OR AS A CONSEQUENCE OF:
(C) old. Malabsorption due to old 2/3. Complete removal small Bowel 12 + yrs ago

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): — 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ — 21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from Dec 8 1968 to Nov 21 1972 that (I) (we) last saw the deceased alive on Nov 21 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Frank Kasik DEGREE: Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED: November 22, 1972
23C. PHYSICIAN'S NAME (Type): Frank Kasik MD. DEGREE 23D. ADDRESS: 9005 Harford Rd. Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 11/24/72 24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem. 24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972 25B. NAME OF REGISTRAR: Sidney Anderson 25C. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck Inc. Balto. Md.

VS 1S0-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

B-526 BIRTH NO. 72 11107 REG. NO. 72 11107 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Arthur H. Baumgartner

2. DATE AND HOUR OF DEATH: 11-21-72 | 9:36 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Towson D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1105 Ivywood Lane

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	Caucasian	☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED	2/14/1901	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
V.P.-American Credit	Indemnity	Missouri	USA

13. FATHER'S NAME: Jacob Baumgartner

14. MOTHER'S MAIDEN NAME: Frances Hermann

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	488-09-3831	Mrs. Corinne E. Baumgartner	Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I 18. 571.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAUSE: Bronchial pneumonia	hours
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO, OR AS A CONSEQUENCE OF: (B) Hepatic coma	3 days
	DUE TO, OR AS A CONSEQUENCE OF: (C) Cirrhosis of liver	20 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		Yes	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 11-17 19 72 to 11-21 19 72, that ~~I~~ (we) last saw the deceased alive on 11-21 19 72 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] DEGREE: Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED: 11-21-72

23C. PHYSICIAN'S NAME (Type): [illegible] DEGREE 23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/24/72	Woodlawn Cemetery	Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 24 1972	Sidney Weston	Leonard J. Ruck Inc. 5305 Harford Rd. 21214

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. A-516 72 11108

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11108
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): John ~~M.~~ LEROY Amberg

2. DATE AND HOUR OF DEATH: November 20 1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
CERTIFICATE AMENDED 1-10-73
5421 Purdue Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2748
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5421 Purdue Ave.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	White	NEVER MARRIED [X]	Aug. 22, 1911	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Compositor (Sun Paper		Baltimore Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Amberg	Jeannette Cole

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	212-07-3188	Mrs Evelyn L Amberg	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

162.1 I

(A) IMMEDIATE CAUSE: Bronchogenic Carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 1/2 months
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5/25/72	Thoracotomy resection	No	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 4/1/72 19 to 11/21/72 19, that (I) ~~(we)~~ last saw the deceased alive on 11/21/72 19 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]	23B. DATE SIGNED
Wm Conway MD			11/22/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Dr. William Conway MD		8358 Loch Raven Blvd., Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/24/72	Oaklawn	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 24 1972	Sidney Winston	Leonard J. Ruck Inc, Balto. Md. 21214

VS 150-REV. 1/1/68

1-10-1973 - Birth Certificate #A-69098 - 1911 shows name as JOHN LEROY AMBERG.
Form from Leonard J. Ruck, Inc., Balto., Md. hs

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-452 72 11109

REG. NO. 72 11109

STATE OF MARYLAND—DHMH

1. NAME OF DECEASED (Type or Print): Don Norris Holmes

2. DATE AND HOUR OF DEATH: Nov. 20, 1972, 2:15 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
US Public Health Service Hospital
3100 Wyman Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2759
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1545 Northwick Rd.

5. SEX	6. RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	Caucasian		9/6/93	79				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired- Col-USA		NY	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Millard Holmes	Lillian Wilcox

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	USA 1916-1947	216-48-4914	Records- US PHS Hospital	Balto, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE: Cardiac arrest	Terminal
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Cardiac arrhythmia	Several hours
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C) Severe coronary artery atherosclerosis	Years
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Carcinoma left lung	? Few months

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		yes	yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct. 30 19 72 to Nov. 20 19 72, that (I) (we) last saw the deceased alive on Nov. 20 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒	23B. DATE SIGNED
Robert H. Kirschner MD			11/20/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Robert H. Kirschner, MD		US PHS Hospital, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Cremation	11/22/72	Greenmount	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 24 1972	Sidney Norton	Leonard J Ruck Inc.	Baltimore, Md

RGB

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. W-635

72 11110

CERTIFICATE OF DEATH

REGISTRAR'S NO. 72 11110

STATE OF MARYLAND—DHMH

1. NAME OF DECEASED (Type or Print): EDWARD J. WORDEN

2. DATE AND HOUR OF DEATH: November 17, 1972, 2:55 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2632
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5106 Anthony Avenue

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7/26/1898
9. AGE (In years last birthday): 74
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baltimore Transit Co.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jeremiah Worden
14. MOTHER'S MAIDEN NAME: Catherine (Unknown)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 213-05-9993
17. INFORMANT: Mrs. Margaret Worden
ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 410.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Coronary occusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 15 minutes
DUE TO, OR AS A CONSEQUENCE OF:
(B) Coronary insufficiency — 2 mo
DUE TO, OR AS A CONSEQUENCE OF:
(C) Hypertensive Heart disease — 5 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-9 1965 to 11-2 1972, that (I) (~~we~~) last saw the deceased alive on 11-2 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: R H Spitzberg md DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Nov. 20, 1972
23C. PHYSICIAN'S NAME (Type): Randolph H. Spitzberg MD DEGREE
23D. ADDRESS: 1515 Washington Blvd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/21/72
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, Inc. Balto. Md.

VS 150-REV. 1/1/68

1

D-320 72 11111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11111

REG. NO. STATE OF MARYLAND-DHMH

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print)	DIETZ, MARIE HELENE
2. DATE AND HOUR OF DEATH	NOVEMBER 21/ 1972 | 6:30P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION	40 ST AGNES HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	MARYLAND
B. COUNTY	Baltimore 5300
C. CITY OR TOWN	BALTIMORE
D. INSIDE CITY LIMITS?	YES ☐ NO ☐
E. STREET AND NUMBER	2205 ALLETTA AVENUE
5. SEX	FEMALE
6. RACE	WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐	
8. DATE OF BIRTH	02 17 10
9. AGE (In years last birthday)	62
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Cashier
10B. KIND OF BUSINESS OR INDUSTRY	Penn Fruit Co.
11. BIRTHPLACE (State or foreign country)	MARYLAND
12. CITIZEN OF WHAT COUNTRY?	U S A
13. FATHER'S NAME	PHILLIP OTTER
14. MOTHER'S MAIDEN NAME	BERTHA JOHNSON
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	No
16. SOCIAL SECURITY NO.	218-07-4413
17. INFORMANT ADDRESS	ST AGNES HOSPITAL RECORDS WILKENS & CATON AVES BALTO MD 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

183.0 I

(A) IMMEDIATE CAUSE: Ca ē peritoneal.

DUE TO, OR AS A CONSEQUENCE OF: metastasis + 2° Intestinal obstruction

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Carcinoma Ovaries

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from OCTOBER 23 19 72 to NOVEMBER 21 19 72, that (XX) (we) last saw the deceased alive on NOVEMBER 21 19 72 and that in (XX) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (XXXX) view the body after death.

23A. SIGNATURE	M F Mattern M.D. DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑	23B. DATE SIGNED 11/21/72
23C. PHYSICIAN'S NAME (Type)	DR MATTERN M.D. DEGREE	23D. ADDRESS	ST AGNES HOSPITAL WILKENS & CATON AVES BALTO MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	11-25-1972	Lake View Memorial Park	Carroll Coutny, Maryland	

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 24 1972	Sidney Morton	Howard H. Hubbard, 4107 Wilkens Ave. 21229	

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. K-260 72 1112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 1112 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Kuchera, John E. Sr.

2. DATE AND HOUR OF DEATH: Nov. 22 1972 | 3.00 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: AA 5200
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 605 old Riverside Rd

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	W	☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED	5/16/1915	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	Steel	Pennsylvania	USA

13. FATHER'S NAME: Andrew (D) Kuchera

14. MOTHER'S MAIDEN NAME: Mary (D). Kovolchick

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes WW II	215-16-2527	Mary (Wife).	same as above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4022

(A) IMMEDIATE CAUSE: Cerebro Vascular Accident
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertension
DUE TO, OR AS A CONSEQUENCE OF:
(C) Congestive Heart failure

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from Nov. 7 19 72 to Nov. 22 19 72, that ~~I~~ (we) last saw the deceased alive on Nov. 22 19 72 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Uhun Ro. Lee DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: Nov 22 1972

23C. PHYSICIAN'S NAME (Type): UHUN RO LEE DEGREE

23D. ADDRESS: South Baltimore General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/25/1972	Glen Haven Cemetery	A. Arundel Co.; Glen Burnie, MD 21061

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972

25B. NAME OF REGISTRAR: Sidney Whorton

25C. FUNERAL DIRECTOR ADDRESS: Mc Cully F.H. 237 Patapsco Ave.; Balto. 21225

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. D-200 72 11113 REG. NO. 1472 11113 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Diggs, Charles Melvin
2. DATE AND HOUR OF DEATH: 11/19/72 11:45 a.m. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Harbor View Nursing Home
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Md B. COUNTY: Frederick 6000 C. CITY OR TOWN: Hope Hill D. INSIDE CITY LIMITS? YES ☐ NO ☒ E. STREET AND NUMBER: Frederick Rt 2 Md
5. SEX: Male
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 3-15-1884
9. AGE (In years last birthday): 88 — If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Landscaping
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Clayton Diggs
14. MOTHER'S MAIDEN NAME: Rachel Crampton
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 035-12-8866
17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Arteriosclerotic Cardiovascular Disease	years
DUE TO, OR AS A CONSEQUENCE OF: (B)	Decubitus Ulcer, Left buttock	weeks
DUE TO, OR AS A CONSEQUENCE OF: (C)	Malnutrition	months

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED — While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-9-1972 to 11-19-1972, that (I) (we) last saw the deceased alive on 11-19-1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (~~I~~) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Rolando V. How MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11-20-72
23C. PHYSICIAN'S NAME (Type): Rolando V. How DEGREE
23D. ADDRESS: Harbour Nursing Home Baltimore - Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-23-72
24C. NAME of CEMETERY or CREMATORY: Hope Hill
24D. LOCATION (City, town, or county) (State): Frederick Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR: Sidney Johnston
25C. FUNERAL DIRECTOR: C. E. Hicks III — ADDRESS: 263 W. Patrick St Fred md

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-432 72 11114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

STATE OF Maryland 72 11114

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph M. Schultz JOSEPH M. SCHULTZ

2. DATE AND HOUR OF DEATH 11-20-72 1100 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Church Home + Hospital 100 N Broadway St Baltimore Md 21231

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore 5300
C. CITY OR TOWN Dundalk Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER 7009 Dunbar Road 21222

5. SEX Male 6. RACE White 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH 06-27-25 9. AGE (In years last birthday) 47 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MD. 12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME Michael SCHULTZ 14. MOTHER'S MAIDEN NAME Frances KOSSKEY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 212-20-3867 17. INFORMANT A Fouad Nour ADDRESS Church Home Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Advanced liver disease
DUE TO, OR AS A CONSEQUENCE OF: Upper G.I. Bleeding — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Some years

(B) Huge Ascites — Some months
DUE TO, OR AS A CONSEQUENCE OF: Chronic Alcoholism — Many years

(C) Anemia — Some months

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION None 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED None 20A. AUTOPSY? (Yes or No) No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) None 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None 21C. WHERE DID INJURY OCCUR? None (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) None 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ None 21F. HOW DID INJURY OCCUR? None

22. I certify that (I) (this hospital) attended the deceased from 11-20 1972 to 11-20 1972 that (I) (we) last saw the deceased alive on 11-20 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE A Fouad Nour DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type) A Fouad NOUR DEGREE 23D. ADDRESS Church Home Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 11-22-72 24C. NAME of CEMETERY or CREMATORY Oak Lawn Cemetery 24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. NOV 241972 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS John J. Duda 7922 Wise Ave. Dundalk, Md. 21222

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11115

STATE OF MARYLAND-DEATH

BIRTH NO. 7-622 72 11115

1. NAME OF DECEASED (Type or Print): MARY F. FERGUSON

2. DATE AND HOUR OF DEATH: November 21, 1972 4:00 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
90 Silver Cross Home
5124 Greenwich Avenue 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2854
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 208 Mallow Hill Road

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	White	WIDOWED [X]	10- 9 -1879	93		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Prat. Nurse		Maryland	U.S.A.

13. FATHER'S NAME: (Unknown) Miller

14. MOTHER'S MAIDEN NAME: (Unknown)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Silver Cross Home, 5124 Greenwich Ave. ADDRESS 21229

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I 413.4
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose, injury or complicotion which coused deoth.)

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardio - Vascular Disease
DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from XXXXXXXX April 1963 to November 1972, that (I) (~~we~~) last saw the deceased alive on November 14, 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Leo J Gaver DEGREE Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 11/21/72

23C. PHYSICIAN'S NAME (Type) Leo J. Gaver DEGREE

23D. ADDRESS: 1 Mallow Hill Road, Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-24-1972	Holy Redeemer Cemetery	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. NOV 24 1972

25B. NAME OF REGISTRAR: Lindsay Johnston

25C. FUNERAL DIRECTOR ADDRESS: Howard H. Hubbard, 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-620 72 11116 REG. NO. 72 11116 STATE OF MARYLAND-DEPT.

1. NAME OF DECEASED (Type or Print) Dorothy Hershey
2. DATE AND HOUR OF DEATH 11/20/72 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 44 Union Mem. Hosp.
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY Balto. 3357 Chestnut Ave 1306
C. CITY OR TOWN Balto. D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER Ind.
5. SEX F 6. RACE W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 11/15/27 9. AGE (In years last birthday) 45 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10B. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Md. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ? 14. MOTHER'S MAIDEN NAME ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 215-24-0461
17. INFORMANT Richard L. Hershey (Son) ADDRESS

MEDICAL CERTIFICATION

18. 162.1 I CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Lung — 3 mo
DUE TO, OR AS A CONSEQUENCE OF:

(B) Metastasis to liver, lung & bone
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION 10/12/72 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Biopsy / Tumor 20A. AUTOPSY? (Yes or No) Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes.

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/12/72 19 to present 19, that (I) (~~we~~) last saw the deceased alive on ~~10/27~~ 11/4 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE Adam F. Szczypinski M.D. DEGREE Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED 11/24/72
23C. PHYSICIAN'S NAME (Type) Adam F. Szczypinski. DEGREE 23D. ADDRESS 6505 York Rd Balto Md 21212

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 11/22/72 24C. NAME of CEMETERY or CREMATORY MEADOWRIDGE 24D. LOCATION (City, town, or county) HOWARD, CO (State)

25A. DATE REC'D BY HEALTH DEPT. NOV 24 1972 25B. NAME OF REGISTRAR [illegible] 25C. FUNERAL DIRECTOR Paul E. Chiarmonte & Son ADDRESS 3617 Harford Rd

VS 150-REV. 1/1/68

1

G-400 72 11117 STATE OF MARYLAND—DEATH

BALTIMORE CITY HEALTH DEPARTMENT

72 11117

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HERBERT V. GALLOWAY		2. DATE OF DEATH: Known [X] Estimated [ ] Month: November Day: 19 Year: 1972 Hour: M.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: 00 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3531 Gelston Drive		3. DATE PRONOUNCED DEAD: Month: November Day: 19 Year: 1972 Hour: 7:10 A.M.	
		5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 1608	
6. SEX: Male	7. RACE: White	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
9. DATE OF BIRTH: 10/1/1898	10. AGE (In years last birthday): 74 If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.		E. STREET AND NUMBER: 3531 Gelston Drive
11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY?: U.S.A.		13. FATHER'S NAME: Jessie F. Galloway
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baltimore City	14B. KIND OF BUSINESS OR INDUSTRY: Water Dept.		15. MOTHER'S MAIDEN NAME: Katherine Dooley
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No	17. SOCIAL SECURITY NO.: 218-22-1402A		18. INFORMANT: Mrs Mary E. Galloway ADDRESS: 3531 Gelston Dr.

MEDICAL CERTIFICATION

19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — 412.4

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): No
22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

Deputy CHIEF MEDICAL EXAMINER [X]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: November 19, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 11/22/1972	24C. NAME of CEMETERY or CREMATORY: Dulaney Valley	24D. LOCATION (City, town, or county) (State): Cockeysville, Maryland	
25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972	25B. NAME OF REGISTRAR:	25C. FUNERAL DIRECTOR: G. Truman Schwab	ADDRESS: 5151 Balto. Nat'l. Pike	

VS 151-REV. 1/1/68

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STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 7-456 REG. NO. 72 11118 (72 11118)

1. NAME OF DECEASED (Type or Print): MYRTLE FILLMORE

2. DATE OF DEATH: Known ☒ Estimated ☐ Month: November Day: 18 Year: 1972 Hour: M.

3. DATE PRONOUNCED DEAD: Month: November Day: 18 Year: 1972 Hour: 6:35 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: OO
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 105 N. Carey Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 802

6. SEX: Female
7. RACE: White
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 7-19-1921
10. AGE (In years last birthday): 51 42
If Under 1 Yr. or Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 105 N. Carey Street

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Drury

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY: Own Home
15. MOTHER'S MAIDEN NAME: Mary Herron

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.: 227 16 3421
18. INFORMANT: George Fillmore ADDRESS: 1233 W. Lombard St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I 571.8

(A) IMMEDIATE CAUSE: Fatty metamorphosis of liver
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): (Partial) Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ (Partial) Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
Deputy CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: November 19, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-21-72
24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR: Sidney Whorton
25C. FUNERAL DIRECTOR: Hahn Funeral Home ADDRESS: 4200 Pennington Ave.

VS 151-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 7.524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11119

REG. NO. 72 11119

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): MELVIN G. FENZEL

2. DATE AND HOUR OF DEATH: 11-22-72 5-55 Am. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: South Baltimore General 43 Hospital.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Anne Arundel 5200
C. CITY OR TOWN: Glen Burnie
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 707 Seagroome Rd.

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	W		6-30-15	57				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Guard - (Ret)	Prot. + Gamble	Balto. Maryland	U.S.A.

13. FATHER'S NAME: John Fenzel
14. MOTHER'S MAIDEN NAME: Wilhelmina (Unknown)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes	WW II	215-10-7071	Mr. Melvin L. Fenzel (Son)	520 BIA Blvd Glen Burnie Md.

MEDICAL CERTIFICATION

18. 5193 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Acute Respiratory Arrest	
(B) DUE TO, OR AS A CONSEQUENCE OF:	Chronic Obstructive Respiratory Disease	
(C)	with Pneumonia	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
None	None		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
None	None	None

21D. TIME OF INJURY (APPRDX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
None	While At Work ☐ N.A. Not While At Work ☐	N.A.

22. I certify that (I) (this hospital) attended the deceased from 11-21- 1972 to 11. 22 1972 that (I) (~~we~~) last saw the deceased alive on 11. 22. 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☒	23B. DATE SIGNED
[signature]					11.22.72

23C. PHYSICIAN'S NAME (Type): D. S. SAWHNEY. DEGREE
23D. ADDRESS: 3001 S. Hanover St.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/25/72	Glen Haven Memorial Park	Glen Burnie A.A. Md.

25A. DATE REC'D BY HEALTH DEPT.: [illegible] 25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Singleton Funeral Home ADDRESS: [illegible] Glen Burnie Md.

VS 150-REV. 1/1/68

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E-560 72 11120 STATE OF MARYLAND-DHMH

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 72 11120

1. NAME OF DECEASED (Type or Print): Herbert A. Emery

2. DATE OF DEATH: Known ☒ Estimated ☐ Month 11 Day 21 Year 72 Hour M.

3. DATE PRONOUNCED DEAD: Month 11 Day 21 Year 72 Hour 12:05 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2633
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3040 Mayfield Avenue

6. SEX: male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 7/31/03
10. AGE (In years last birthday): 69
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME: unknown
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): meat cutter--retired A & P
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: unknown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
17. SOCIAL SECURITY NO.: 214-01-7799
18. INFORMANT: Meta Emery (wife) ADDRESS: same addresxs

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 4124 I 7250.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes mellitus and pulmonary tuberculosis

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No):

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Peter Lipkovic M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/22/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/25/72
24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home Inc. 3331 Brehms Lane, Balto. Md. 21213

VS 151-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-260 72 11121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11121 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): CHARLOTTE MC GUIRE

2. DATE AND HOUR OF DEATH: NOVEMBER 19, 1972 | 10:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 44 Union Memorial Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 903
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 760 McKEWIN AVE.

5. SEX	6. RACE	7. MARITAL STATUS	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	W	MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	07-19-03	69	4			

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES E. BOWERS
14. MOTHER'S MAIDEN NAME: FLORENCE MITTEN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Roberta O"Brien (dghtr) ADDRESS: same address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	CIRCULATORY INSUFICIENCY	
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	DIABETIC COMA	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	HYPOVOLEMIA, INTRA-VENOUS CLOTTING	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While At Work [ ] Not While At Work [ ]	

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER, 11 19 72 to NOVEMBER 19 19 72 that (I) (We) last saw the deceased alive on NOVEMBER, 19 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: NOVEMBER 19, 1972
23C. PHYSICIAN'S NAME (Type): RONALDO S. CARNEIRO M.D. DEGREE
23D. ADDRESS: 33 Rd & CALVERT STS. BALTO. MD.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/22/72	Gardens of Faith Cemetery	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 24 1972	[signature]	Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. 21213

VS 15 (BUR 1A) 66

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-340 72 11122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11122

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): GATELY HERBERT W.

2. DATE AND HOUR OF DEATH: 11, 18, 72 | 9.25 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE UNION MEMORIAL HOSPITAL 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 21204
C. CITY OR TOWN: BALTIMORE CITY D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 4702 Elison Ave. 2642

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 11-03-99 9. AGE (In years last birthday): 73 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIRE MAN
10B. KIND OF BUSINESS OR INDUSTRY: FIRE DEPARTMENT OF BALTIMORE CITY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM GATELY
14. MOTHER'S MAIDEN NAME: LENA BRADY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 212-22-1085
17. INFORMANT: Marie Gately (wife) ADDRESS: same address

CAUSE OF DEATH

1B. 038.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST
DUE TO, OR AS A CONSEQUENCE OF:

(B) Pneumonia. [redacted]
DUE TO, OR AS A CONSEQUENCE OF:

(C) Septicemia / Pneumothorax

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 10-24-72 10-30-72
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: B.P.H. & cataract
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-12 19 72 to 11, 18 19 72, that (I) (we) last saw the deceased alive on 11, 18 19 72 and that In(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mehdi Fakhrai M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11, 18, 72
23C. PHYSICIAN'S NAME (Type): MEHDI FAKHRAI DEGREE
23D. ADDRESS: THE UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/22/72
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. 21213

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. P-362 72 11123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11123

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): HAROLD EDWARD PETERS

2. DATE AND HOUR OF DEATH: 11/20/72 12:15 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 44 Union Memorial Hosp.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2633
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3327 Kentucky Ave., Balto. Md. 21213

5. SEX	6. RACE	7. MARRIED [xx] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	W		6/20/06	66				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
oiler	Gunther Brewery	Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Peters	Sarah Engler

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	219-10-8041	Doris Peters (wife)	same address

MEDICAL CERTIFICATION

18. 410.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE: Acute Coronary Occlusion — Instantaneous
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Cardio Vascular Disease — year
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-19 70 to 11-20 72 that (I) (we) last saw the deceased alive on 11-19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Rolando V. Goco M.D. DEGREE	Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]	11/22/72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Rolando Goco DEGREE	

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/22/72	Sacred Heart of Jesus Cemetery	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 24 1972	Lindsay Howard	Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

S-163 BIRTH NO. 72 11124 X REG. NO. 72 11124 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): LLOYD WILLIS SHEPPERD

2. DATE AND HOUR OF DEATH: 11-21-72 1:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
33 THE JOHNS HOPKINS HOSPITAL
BALTIMORE, MD 21205

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: PENNSYLVANIA
B. COUNTY: V35
C. CITY OR TOWN: NEW FREEDOM
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: RD #1

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12 21 16
9. AGE (In years last birthday): 55
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Air Line Pilot
10B. KIND OF BUSINESS OR INDUSTRY: Pan American Airways
11. BIRTHPLACE (State or foreign country): Derby, Conn
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: ROY SHEPPERD
14. MOTHER'S MAIDEN NAME: MADGE HEMMENWAY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 044-09-2289
17. INFORMANT: Mrs. Elenor E. Sheppard, New Freedom, Pa.
ADDRESS: 17349

CAUSE OF DEATH

18. 162.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Arrest
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Adenocarcinoma of the lung
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/16/72 19 to 11/21/72 19, that (I) (we) last saw the deceased alive on NOVEMBER 21 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Frederick L. Ferris Jr. MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/21/72
23C. PHYSICIAN'S NAME (Type): FREDERICK L. FERRIS JR. MD DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/24/72
24C. NAME of CEMETERY or CREMATORY: Stewartstown Cemetery
24D. LOCATION (City, town, or county) (State): Stewartstown, York Co., Penna.

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR: Sidney Johnson
25C. FUNERAL DIRECTOR: Kenneth W. Mahoney
ADDRESS: Stewartstown, Pa.

VS 150-REV. 1/1/68

1

S-530 72 11125

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11125

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROBERT FOREST SMITH

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month — Day — Year — Hour M.

3. DATE PRONOUNCED DEAD: November 20, 1972 — Hour: 3:10 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 1019 St. Paul Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: 1101

6. SEX: Male — 7. RACE: White — 8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 9-27-95 — 10. AGE (In years last birthday): 77 — If Under 1 Yr. Months / Days — If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 1019 St. Paul Street

11. BIRTHPLACE (State or foreign country): Va. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert F. Smith

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Annie Culpepper

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Yes — 17. SOCIAL SECURITY NO.

18. INFORMANT — ADDRESS: Diana Sacks 1605 Wentworth Road

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

412.4 I

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0 — 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED — 21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

Deputy CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/21/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 11-24-72 — 24C. NAME of CEMETERY or CREMATORY: Old Grove Cemetery — 24D. LOCATION (City, town, or county) (State): Portsmouth, Va.

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972 — 25B. NAME OF REGISTRAR — 25C. FUNERAL DIRECTOR — ADDRESS: Wm C March 928 E North Ave.

VS 151-REV. 1/1/68

61-82-17 h1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-624

BIRTH NO. 72-13669 72 11126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11126

STATE OF MARYLAND—DHMH

1. NAME OF DECEASED (Type or Print): Marshall, Shanita

2. DATE AND HOUR OF DEATH: 11-19-72 | 11:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Baltimore City Hospitals
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4940 Eastern Avenue Baltimore, Md. 21224
31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 909
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1506 Holbrook St. Baltimore, Md. 21202

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-6-72
9. AGE (In years last birthday) | If Under 1 Yr. Months: 2 | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.,

13. FATHER'S NAME: Joseph Marshall Jr.
14. MOTHER'S MAIDEN NAME: Hazel Brown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: BCH Records
ADDRESS: 4940 Eastern Avenue, Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

746.7

(A) IMMEDIATE CAUSE: CARDIAC ARREST
DUE TO, OR AS A CONSEQUENCE OF:
(B) ~~CONGENITA~~ PULMONARY EDEMA
DUE TO, OR AS A CONSEQUENCE OF:
(C) Probable Congenital Heart Disease

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11 19 72 19 ____ to 11 19 72 19 ____
that (I) (we) last saw the deceased alive on 11/19/72 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: O James MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 11.19.72
23C. PHYSICIAN'S NAME (Type): DR. O. JAMES. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue, Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-24-72
24C. NAME of CEMETERY or CREMATORY: Md National Mem. Cem.
24D. LOCATION (City, town, or county) (State): Laural, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR: Sidney Johnston
25C. FUNERAL DIRECTOR: W.C. March
ADDRESS: 928 E. North Ave.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

STATE OF MARYLAND—DHMH

BIRTH NO. P-456 72 11127 REG. NO. 72 11127

1. NAME OF DECEASED (Type or Print): William Silas Palmer

2. DATE AND HOUR OF DEATH: 11/22/72 6:30 a M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 39 PROVIDENT HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 510
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 4016 Penhurst Ave

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
male	BLACK	NEVER MARRIED ☒	11/30/44	28				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emanuel Palmer
14. MOTHER'S MAIDEN NAME: Otelia Ingraham

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) ?
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 911-20-1307
17. INFORMANT: Mrs Nancy Parker, 2052 Gate A e Ann. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, eg., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

E898X I

(A) IMMEDIATE CAUSE: Pulmonary edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 11 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Burns 1° and 2° of face, neck
DUE TO, OR AS A CONSEQUENCE OF:
(C) Chest & back & upper extremities

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME (1)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 4016 Penhurst Ave 1510
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11 - 11 - 72 7 pm
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☒
21F. HOW DID INJURY OCCUR? BED CAUGHT FIRE WHILE SMOKING IN BED.

22. I certify that (I) (this hospital) attended the deceased from 11-11 19 72 to 11-22 19 72
that (I) (we) last saw the deceased alive on 11-22 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: C E Agustin DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11-22-72
23C. PHYSICIAN'S NAME (Type): C. E. AGUSTIN DEGREE
23D. ADDRESS: PROVIDENT HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/25/72	MT Auburn Cemetry	Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR: Sidney Winston
25C. FUNERAL DIRECTOR: Adolphus Halstead ADDRESS: 1206 W North Ave

VS 150-REV. 1/1/68 N948.2

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-600 | 72 11128 | REG. NO. 72 11128 | STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Hare, Wilbur

2. DATE AND HOUR OF DEATH: 11/18/72 | 11:55 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
Maryland General Hospital
827 Linden Ave 21201

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. | B. COUNTY: Balto. | 1206
C. CITY OR TOWN: Balto. | D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1802 Eutaw st.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	W	WIDOWED [X]	11/31/01	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): ?
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ??
14. MOTHER'S MAIDEN NAME: ???

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) If yes, give war or dates of service
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Chart, | ADDRESS

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Pneumonia, Lt. Lung — G-I bleeding | ?
DUE TO, OR AS A CONSEQUENCE OF:
(B) Lung cancer | ?
DUE TO, OR AS A CONSEQUENCE OF:
(C) Pulm. tuberculosis | ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): No.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (i) (this hospital) attended the deceased from 6:50 AM 11/18 19 72 to 11:55 AM 11/18 19 72
that (i) (we) last saw the deceased alive on 11/18 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Hyo-yun Yun M.D. DEGREE | Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/20/72
23C. PHYSICIAN'S NAME (Type): Hyo-yun Yun M.D. DEGREE
23D. ADDRESS: Maryland General Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/24/72	MT Auburn Cemetry	Baltimorem Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR: Sidney Worthen
25C. FUNERAL DIRECTOR: Adolphus Halstead | ADDRESS: 1206 W North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

10/25/72

1642 Maryland Ave.

G-2521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 72 11129 REG. NO. 72 11129

STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): GASSINGER, GERARD FRANCIS

2. DATE AND HOUR OF DEATH: November 21, 1972 | 9:00 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital
23 3900 Loch Raven Blvd.
Baltimore, Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1202
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 207 Southway

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	White	DIVORCED [X]	7-12-24	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Furniture Retailer	Furniture Store	Maryland	U.S.A.

13. FATHER'S NAME: Gerard Gassinger

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	4-13-43 to 1-3-46	218-18-7666	Records	VAH, 3900 Loch Raven Blvd., Balto., Md. 21218

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE: PORTAL HYPERTENSION	
ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) UREMIA	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
NONE		NONE	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from October 20, 1972 to November 21, 1972, that (X) (we) last saw the deceased alive on November 21, 1972 and that in (X) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys.	Med. Director	Staff Phys.	23B. DATE SIGNED
x Barry Z. Izenstein M.D.		[ ]	[ ]	[X]	11-22-72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
BARRY Z. IZENSTEIN, M. D.		3900 Loch Raven Blvd., Balto., Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Nov. 24/72	Dr. Kenny Mem. Gardens	Towson Md

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 24 1972	Sidney [illegible]	John Hewig	4106 E Northern Pkwy

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. A-322 72 11130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11130 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): ADCOCK, Henry T.

2. DATE AND HOUR OF DEATH: November 21, 1972 4:45 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital 3900 Loch Raven Blvd. Baltimore, Maryland 21218
23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1703
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [x] NO [ ]
E. STREET AND NUMBER: 809 Edmondson Avenue

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Male	White	[x] / [ ] / [ ] / [ ]	6-8-18	54				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Food	Maryland	USA

13. FATHER'S NAME: Henry T. Adcock

14. MOTHER'S MAIDEN NAME: Mabel Chauklin

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 11/16/42 to 11/7/45

16. SOCIAL SECURITY NO.: 215-03-8991

17. INFORMANT: Records
ADDRESS: VA Hosp. 3900 Loch Raven Blvd. Balto., Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Probable Bleeding GI	
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Intracranial	24 Hours
(B) DUE TO, OR AS A CONSEQUENCE OF:	Thrombocytopenia	2 Months
(C)	Histeocytic Leukemia	5 Months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Octob er 16, 19 72 to November 21, 19 72, that I (we) last saw the deceased alive on November 21, 19 72 and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Donald E Klug MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [x]
23B. DATE SIGNED: 11/21/72

23C. PHYSICIAN'S NAME (Type): Donald E. Klug M.D. DEGREE
23D. ADDRESS: 3900 Loch Raven Blvd., Balto., Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/25/72	Glen Haven Mem. Park	Anne Arundel Co., Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 24 1972	Sidney Silverman	Wm. E. Johnson 8521 Loch Raven Blvd.

VS 1S0-REV. 1/1/68

H-235 1

72 11131

BALTIMORE CITY HEALTH DEPARTMENT

STATE OF MARYLAND-DHMH

CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 72 11131

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): FLORINE HOUSTON

2. DATE AND HOUR OF DEATH: 11-16-72 | 7.25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital of Maryland
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 21213 808
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1512 E. Chase Street

5. SEX: F | 6. RACE: N | 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10-27-14 | 9. AGE (In years last birthday): 58 | If Under 1 Yr. Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Wadesboro N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Curlie Dunlap
14. MOTHER'S MAIDEN NAME: Jannie Davenport

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-18-1767
17. INFORMANT: Samuel Houston 1512 E. Chase St. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE / DUE TO, OR AS A CONSEQUENCE OF:	ENTRIC ULCER FIBRILLATION	30 minutes
(B) DUE TO, OR AS A CONSEQUENCE OF:	ISCHEMIC HEART DISEASE	?
(C)	CONGESTIVE HEART FAILURE	over 20 years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). RHEUMATIC HEART DISEASE — 49 years

19A. DATE OF OPERATION: — | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: — | 20A. AUTOPSY? (Yes or No): NO | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 11-16- 19 72 to 11-16 19 72 that (I) (we) last saw the deceased alive on 11-16 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE | Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ | 23B. DATE SIGNED: 11-16-72

23C. PHYSICIAN'S NAME (Type): M. A. ANWAR M.D. DEGREE
23D. ADDRESS: Lutheran Hospital of Maryland

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-21-72
24C. NAME of CEMETERY or CREMATORY: Md. National Memorial Park
24D. LOCATION (City, town, or county) (State): Laurel, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR: Sidney Worth
25C. FUNERAL DIRECTOR: Randolph J. Collick ADDRESS: 2431 E. Oliver St.

VS 150-REV. 1/1/68

A-553 1

72 11132

BIRTH NO. STATE OF MARYLAND-DHMH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11132

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Ray C. Ament

2. DATE AND HOUR OF DEATH: 1:25 PM 11/22/72

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 2714
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4401 Roland Ave. 21210

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11-30-08
9. AGE (In years last birthday): 63
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales
10B. KIND OF BUSINESS OR INDUSTRY: Hutzlers
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: HARRY CARNEY
14. MOTHER'S MAIDEN NAME: MARY SUE PASQUITH

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Herbert E. Ament
ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Azotemia ~~Ventricular Standstill~~
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) ~~Pneumonia~~ Multiple Myeloma
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/3 19 72 to 11/22 19 72, that (I) (we) last saw the deceased alive on 11:00 Am 19 72 and that In (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Stechmiller MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/22/72
23C. PHYSICIAN'S NAME (Type): B. Stechmiller MD DEGREE
23D. ADDRESS: 550 N. BROADWAY

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-25-72
24C. NAME of CEMETERY or CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Baltimore Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR: Sidney Morton
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.
ADDRESS: 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

1
H-200

STATE OF MARYLAND-DHMH BALTIMORE CITY HEALTH DEPARTMENT 72 11133

72 11133 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): John T. Hayes, Jr.

2. DATE OF DEATH: Known ☒ Estimated ☐ Month 11 Day 21 Year 72 Hour M.

3. DATE PRONOUNCED DEAD: Month 11 Day 21 Year 72 Hour 5:50 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): OO 2701 Greenmount Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 904

6. SEX: male 7. RACE: White 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 1-28-1909 10. AGE (In years last birthday): 63 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 2701 Greenmount Avenue 21218

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? USA 13. FATHER'S NAME: John T. Hayes, Sr.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dept. Sanitation 14B. KIND OF BUSINESS OR INDUSTRY: Balto. City 15. MOTHER'S MAIDEN NAME: Ellen Clinton

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WWII 17. SOCIAL SECURITY NO.: 219-03-0623 18. INFORMANT: Mrs. Beatrice E. Hayden ADDRESS: 2710 N. Howard Street Balto. Md. 18

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Massive gastro-intestinal hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) secondary to gastric ulcer
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Fatty metamorphosis of liver and Arteriosclerotic cardiovascular disease

20A. DATE OF OPERATION: 2 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m. 22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Peter Lipkovic M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/22/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 11-25-72 24C. NAME of CEMETERY or CREMATORY: St. Mary's 24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972 25B. NAME OF REGISTRAR: Sidney Wooton 25C. FUNERAL DIRECTOR ADDRESS: H. W. Jenkins & Sons Co. 4905 York Road Balto., Md. 21212

VS 151-REV. 1/1/68

S-530 1

BALTIMORE CITY HEALTH DEPARTMENT

STATE OF MARYLAND-DEPARTMENT OF HEALTH — CERTIFICATE OF DEATH

BIRTH NO. 72 11131 REG. NO. 72 11134

CERTIFICATE AMENDED 11-27-72

1. NAME OF DECEASED (Type or Print): Sneed, Charles F.
2. DATE AND HOUR OF DEATH: 6:22pm 11/21/72 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): U.M.H. 44 Union Memorial Hosp.
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Md B. COUNTY: 2710 C. CITY OR TOWN: Baltimore, MD D. INSIDE CITY LIMITS? YES [X] NO [ ] E. STREET AND NUMBER: 617 Winston Ave
5. SEX: MALE
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4-12-10
9. AGE (In years last birthday): 62 — If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK - WHITE COFFEE POT RESTUARANT
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: HARRY B. SNEED
14. MOTHER'S MAIDEN NAME: DOROTHY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): YES WW II
16. SOCIAL SECURITY NO.: 216-01-5544
17. INFORMANT — ADDRESS: W. H. TOWNSEND - 1205 SOUTHVIEW Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Exsanguination due to erosion of bronchial vessel — 5 minutes
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Ca of lung — More than one wk.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 8
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED — While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 1st 19 72 to Nov. 21 19 72, that (I) (we) last saw the deceased alive on Nov. 21 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: C. W. Hsiao M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/21/72
23C. PHYSICIAN'S NAME (Type): CHIAU-WEN HSIAO DEGREE
23D. ADDRESS: U.M.H.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-25-72
24C. NAME of CEMETERY or CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR: Sidney Sherwood
25C. FUNERAL DIRECTOR — ADDRESS: H. W. Jenkins & Sons Co. 4905 York Road Balto., Md. 21212

VS 1S0-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4-27-1972 - Correction Form from Funeral Director, Henry W. Jenkins & Sons Co., Balto., Md. HRS

B-6241

BIRTH NO. 72 11135

BALTIMORE CITY HEALTH DEPARTMENT

STATE OF MARYLAND-DHMH

CERTIFICATE OF DEATH

REG. NO. 72 11135

1. NAME OF DECEASED (Type or Print): James Lacy Bradley

2. DATE AND HOUR OF DEATH: 11-21-72 3:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
144 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1202
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 220 E. University Parkway 21218

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	W	[X] MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED	1-24-1900	72				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lawyer	Law	Maryland	USA

13. FATHER'S NAME: J. Elwood Bradley

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Lacy

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	WWI	216-28-6070 A	Mrs. J. L. Bradley	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Ruptured Aortic Aneurysm
DUE TO, OR AS A CONSEQUENCE OF:
(B) A S C V D
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
10 hrs.
Years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		Yes	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1957 to 11-21 1972, that (I) (~~we~~) last saw the deceased alive on 11-21 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. [X]	Med. Director [ ]	Staff Phys. [ ]	23B. DATE SIGNED
Alfred G Ossman Jr					11-21-72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Alfred G. Ossman M. D.		1101 St. Paul Street

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	11-24-72	Druid Ridge	Pikesville,	Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 24 1972	Sidney Wootton	H. W. Jenkins & Sons Co.	4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-6551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 72 11136 STATE OF MARYLAND-DHMH REG. NO. 72 11136

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): PAULINE GLOVER SANDERS CARMAN

2. DATE AND HOUR OF DEATH: 11-22-72 | 2:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 3954 Cloverhill Road
00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1201
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3954 Cloverhill Rd.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	W	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8-11-1895	77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	Own Home	South Carolina	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Paul Sanders	Sarah Gibson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	714-01-7832	Edward H. Carman Jr.	Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 15-6.01

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	cardiac asthythmia	3 hours
(B) DUE TO, OR AS A CONSEQUENCE OF:	metastatic	
(C)	carcinoma of gallbladder	11 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
10/2/72	exploration	No	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1957 to Nov. 22 1972, that (I) (we) last saw the deceased alive on Nov. 22 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Anne B. McKusick M.D. DEGREE	Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]	11/23/72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Ann McKusick MD DEGREE	221 Northway, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-25-72	Live Oak	Walterboro S.C.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 24 1972	Sidney Norton	H.W. Jenkins & Sons Co., Balto., Md.

VS 150-REV. 1/1/68

G-6001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11137

BIRTH NO. 72 11137

STATE OF MARYLAND-DEMH

1. NAME OF DECEASED (Type or Print): Annie B. Gray

2. DATE AND HOUR OF DEATH: 11/21/72 — 10 15 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Edgewood Nursing Home 6000 Bellona Ave Baltimore Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md — B. COUNTY: Balto City 2712
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 6000 Bellona Ave.

5. SEX	6. RACE	7. MARITAL STATUS	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	W	MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9-18-80	92				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED INSTRUCTOR	FROSTBURG STATE COLLEGE	PRINCE FREDERICK Md.	U.S.A

13. FATHER'S NAME: WILLIAM W. GRAY

14. MOTHER'S MAIDEN NAME: IDA SMOOT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	220-46-6447	FRANK GRAY	2000 1st Md. Bldg. Balto. 21201

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

I 4 12 4

(A) IMMEDIATE CAUSE: Arteriosclerotic cardio vascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(B) with cerebro vascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(C) and heart failure

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Many years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While At Work ☐ Not While At Work ☐	

22. I certify that (I) (~~this hospital~~) attended the deceased from 1963 to 11-21 1972, that (I) (~~We~~) last saw the deceased alive on 11-12 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Alfred G Ossman Jr MD DEGREE	Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐	11-21-72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Alfred G. Ossman Jr M.D. DEGREE	1101 St Paul St Balto 2 Md

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-24-72	Loudon Park	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 24 1972	Sidney Whatton	H. W. Jenkins & Sons Co. 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-530 1

STATE OF MARYLAND-DHMH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 72 11138

REG. NO. 72 11138

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MARY MINOTTI

2. DATE AND HOUR OF DEATH: NOV 22, 1972 | 7:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): EDGEWOOD NURSING HOME 6000 BELLONA AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 2758
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1701 SHERWOOD AVE

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: NOV 18-1887
9. AGE (In years last birthday): 85
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ITALY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN PETRONE
14. MOTHER'S MAIDEN NAME: —

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 213-74-2525
17. INFORMANT: RUTH MINOTTI ADDRESS: 1701 SHERWOOD AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

I 1653.8
(A) IMMEDIATE CAUSE: Ca colon c metastasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertension with A.S.C.V. disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from for 10 yrs 19 — to Nov. 22, 1972, that (I) (we) last saw the deceased alive on Nov. 22 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Nathan E Needle MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Nov. 22/72
23C. PHYSICIAN'S NAME (Type): NATHAN E. NEEDLE MD DEGREE
23D. ADDRESS: 6526 Park Heights Ave Baltimore Md

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11-25-72
24C. NAME of CEMETERY or CREMATORY: HOLY REDEEMER
24D. LOCATION (City, town, or county) (State): BALTIMORE MD.

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR: Sidney J. Norton
25C. FUNERAL DIRECTOR: Frank J. Della Vos ADDRESS: 322 S Highland

VS 150-REV. 1/1/68

32-01-04 1 sj

C-363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 72 11139 REG. NO. 72 11139

STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Carter, Marion (Marian) O.

2. DATE AND HOUR OF DEATH: 11/21/72 19:15 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Baltimore City Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4940 Eastern Avenue Baltimore, Md 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: BALTO 3 CO
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 533 New Pittsburg Ave.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	caucasian	MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9-3-29	43		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Receptionist		Balto/Co. 29 Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Randolph	Pauline Gillian

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO.	?	BCH-RECORDST - 4940 Eastern Avenue Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	respiratory failure	13d
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	pneumonia	15d
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/5/72 1972 to 11/31 1972 that (I) (we) last saw the deceased alive on 11/21 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒	23B. DATE SIGNED
Wm Aldis MD			11-21-72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
W. Aldis MD		4940 Eastern Avenue Baltimore, Maryland 21224 Baltimore City Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/25/72	Arbutus Memorial Park	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 24 1972	Sidney Morton	MORTON & DYETT F.H. 1701 Laurens St.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. P-612 72 11140

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11140
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Claude Propst
2. DATE AND HOUR OF DEATH: 11-20-72 9:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 37 Mercy Hospital, Inc.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1001
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1129 Greenmount Avenue

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	Negro	[ ] / [ ] / [ ] / [ ]	2-11-12	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Wm. G. Scarlett & Co.	Catowba Co., N. C.	U.S.A.

13. FATHER'S NAME: Edward Propst
14. MOTHER'S MAIDEN NAME: Sallie Wilform

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.	241-18-9061	Mrs. Ada Propst	1041 Greenmount Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Acute purulent	
DUE TO, OR AS A CONSEQUENCE OF	trachea bronchitis & pneumonia	days.
(B) DUE TO, OR AS A CONSEQUENCE OF:	Old CVA - right.	yrs.
(C)		

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). COPD. yrs.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		Yes	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/19/72 19 to 11/20 19 72, that (I) (we) last saw the deceased alive on 11/20 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G.M. Wells MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] — 23B. DATE SIGNED: 11/21/72

23C. PHYSICIAN'S NAME (Type): G. M. WELLS MD DEGREE — 23D. ADDRESS: 301 ~~Calvert~~ St. Paul St. Balto.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/26/72	Coulters Grove Ch. Cem.	Hickory, North Carolina

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 24 1972	Sidney Whorton	MORTON & DYETT F.H.	1701 Laurens Street

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-520 72 11141

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

72 11141

REG. NO.

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): KNOX, CURLIE

2. DATE AND HOUR OF DEATH: Nov. 21st, 1972 | 12-15 Midnight A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 39 Provident Hospital, Inc.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2600 Liberty Height Ave. Baltimore, Md. 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1703
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [x] NO [ ]
E. STREET AND NUMBER: 632 W. Lanvale Ave.

5. SEX	6. RACE	7. MARITAL STATUS	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
MALE	Male B	MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	12-25-01	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	American Smelting & Refining Co.	North Carolina	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unk.	Unk.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.	216-03-3868	Blanche Knox (WIFE) Same	632 W. Lanvale St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Ventricular arrhythmia	
(B) DUE TO, OR AS A CONSEQUENCE OF:	leading to Cardiac standstill following	
(C)	Partial bowel Obstruction & hypertension.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		Yes	No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While At Work [ ] Not While At Work [ ]	

22. I certify that (I) (this hospital) attended the deceased from 11-11-72 19 ____ to 11-21-72 1972 that (I) (we) last saw the deceased alive on 11-21-72 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Dilip K. Lula M.D. DEGREE	Attending Phys. [ ] Med. Director [ ] Staff Phys. [x]	Nov. 21st, 1972.

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
DILIP K. LULA DEGREE	c/o PROVIDENT HOSPITAL INC., 2600 Liberty Hts Ave. Balto., Md. 21217

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/24/72	Mount Auburn Cemetery	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 24 1972	Sidney Winston	Morton F. Dyett	1701 Laurens St.

VS 150-REV. 1/1968

1

N-250 72 11142

STATE OF MARYLAND

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11142

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROOSEVELT NIXON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month November Day 22, Year 1972 Hour 10:37 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
33 JOHNS HOPKINS HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY HOWARD 6300

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: West Friendship
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 1/23/1926
10. AGE (In years last birthday): 46
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: Rt. 32

11. BIRTHPLACE (State or foreign country): Rocky Point, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jesse James Nixon

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self-employed
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Rosa B. Brown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mrs. Mildred J. Nixon ADDRESS: 2800 Ivory Road, West Friendship, Md.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E965.X

(A) Gunshot wound of chest — IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Front of 1303 N. Bond Street 807
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-22-72 9:52 P. m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Shot during attempted robbery

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
Deputy CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/23/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/28/72
24C. NAME of CEMETERY or CREMATORY: Carver Memorial Park
24D. LOCATION (City, town, or county) (State): Laurel, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR: Sidney Morton
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.
ADDRESS: 1701 Laurens Street

VS 151-REV. 7/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-420 72 1143 REG. NO. 72 1143 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Bowles Viola (Viola C. Bowles)

2. DATE AND HOUR OF DEATH: 11-22-72 | 11:05 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 39 Provident Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2600 Liberty Height Ave. Baltimore, Md. 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: U.S.A. Maryland
B. COUNTY: 1301
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3401 Eutaw Pl.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Female	B	WIDOWED [X]	5-8-01	71				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Hampton, Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles	Mary Curtis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.	212-05-9771	Mrs. Flossie Hines	2228 Mt. Royal Teer

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Metabolic Acidosis	
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Chronic Renal Failure	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Hypertensive Cardiovascular Disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-18 19 72 to 11-22 19 72 that (I) (we) last saw the deceased alive on 11-22 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys.	Med. Director	Staff Phys.	23B. DATE SIGNED
Julius G. Loot, M.D.				[X]	November 24, 1972

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
J. G. Loot M.D.		Provident Hospital 2600 Liberty Height Ave.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	11/27/72	Carver Memorial Park	Laurel,	Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 24 1972	Sidney Whorton	MORTON & DYETT F.H.	1701 Laurens Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. K-364 72 1114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 1114

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): ESTELLA KITTRELL (KITERELL)

2. DATE AND HOUR OF DEATH: 11-20-72 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 404 NORTH EDGEWOOD STREET

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 2037
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 404 NORTH EDGEWOOD STREET

5. SEX: F
6. RACE: BLACK
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-26-09
9. AGE (In years last birthday): 63
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OXFORD, MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIE WILKENS
14. MOTHER'S MAIDEN NAME: SUSIE WILKENS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): N/A
16. SOCIAL SECURITY NO.: 408-12-6790B
17. INFORMANT: MR. ERNEST KITRELL ADDRESS: 404 NORTH EDGEWOOD ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Adeno-carcinoma of endometrium with metastases
DUE TO, OR AS A CONSEQUENCE OF:
(B) A.S.C.V.D
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10 - 1969 to 11-20-1972, that (I) (we) last saw the deceased alive on 10-28-1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~Was~~) (~~Was~~) (did not) view the body after death.

23A. SIGNATURE: Barbu Calin DEGREE: Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11-22-72
23C. PHYSICIAN'S NAME (Type): BARBU CALIN DEGREE:
23D. ADDRESS: 831 Poplar Grove Baltimore 21216

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11-25-72
24C. NAME of CEMETERY or CREMATORY: WESTERN STAR CEMETERY
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR: Sidney M. Norton
25C. FUNERAL DIRECTOR ADDRESS: MORTON & DYETT F. H. 1701 LAURENS STREET

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-250 72 11145 REG. NO. 72 11145

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): McKINNEY, GEORGE

2. DATE AND HOUR OF DEATH: 11-22-72 7 14 AM 7 14 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital 39 Liberty Height AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore, MD B. COUNTY: 547
C. CITY OR TOWN: Baltimore, MD D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: Liberty Height AVE

5. SEX: Male
6. RACE: Black
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-13-19
9. AGE (In years last birthday): 53
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Social Security
11. BIRTHPLACE (State or foreign country): YANCYville North CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George McKinney
14. MOTHER'S MAIDEN NAME: Stella King

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes. (If yes, give war or dates of service): 1/19/42 - 11/15/45
16. SOCIAL SECURITY NO.: 218-26-2674
17. INFORMANT: Mrs. Ida G. McKinney ADDRESS: 2319 Ashburton St.

18. 162.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Insuf.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Metastatic Bronchogenic CARCINOMA — ONE YR.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Willie Bundy M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11-22-72
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/25/72
24C. NAME of CEMETERY or CREMATORY: Carver Mem. Park
24D. LOCATION (City, town, or county): Laurel, (State): Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 24 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Morton E. Dyett Funeral Homes Inc. ADDRESS:

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. F-460 72 11146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11146 STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print) Marguerite S. Fowler

2. DATE AND HOUR OF DEATH 11/24/72 8 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
40 St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md
B. COUNTY 259
C. CITY OR TOWN Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER 229 Oaklee Village 21229

5. SEX female
6. RACE white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH 3/23/1896
9. AGE (In years last birthday) 76
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired -seamstress
10B. KIND OF BUSINESS OR INDUSTRY May Co.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Barrett Smith
14. MOTHER'S MAIDEN NAME Anna V. Smith

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-07-8861
17. INFORMANT Mrs. Nettie R. Ward, 56 Oaklee Village ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic and Coronary Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 yrs
DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerosis
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19__ to ____ 19__ that (I) (we) last saw the deceased alive on Oct 28 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Justin Kudirka DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED 11.25.72
23C. PHYSICIAN'S NAME (Type) Dr. Justin Kudirka DEGREE
23D. ADDRESS 2151 Wilkens ave

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 11/27/72
24C. NAME OF CEMETERY or CREMATORY Chestertown Cemetery
24D. LOCATION (City, town, or county) (State) Chestertown, Kent County, Md.

25A. DATE REC'D BY HEALTH DEPT. NOV 27 1972
25B. NAME OF REGISTRAR Sidney J. Weston
25C. FUNERAL DIRECTOR Witzke 1630 Edmondson Ave ADDRESS

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-424 72 11147

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11147

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): Elsie L. Wellschlager

2. DATE AND HOUR OF DEATH: Nov 24, 1972 | A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 34 Bon Secours

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Howard Co. 6300
C. CITY OR TOWN: Ellicott City D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 4089 St. Johns Lane

5. SEX: Female | 6. RACE: White | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒ | 8. DATE OF BIRTH: 02/22/05 | 9. AGE (In years last birthday): 67 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Operator

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Potts

14. MOTHER'S MAIDEN NAME: Rose Porter

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 217-07-9596

17. INFORMANT: Mr. Gene Wellschlagger ADDRESS: 4089 St. Johns Lane Ellicott City Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ca of lungs.
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: | 20A. AUTOPSY? (Yes or No): | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/30/72 19__ to 11/24/72 19__ that (I) (we) last saw the deceased alive on 11/24/72 19__ and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Alfredo Herrera DEGREE: Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 11/29/72 7:30 am

23C. PHYSICIAN'S NAME (Type): ALFREDO HERRERA MD DEGREE

23D. ADDRESS: 2025 FAYETTE ST., BALT., MD

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL | 24B. DATE: Nov. 27/72 | 24C. NAME of CEMETERY or CREMATORY: St. John's Cemetery | 24D. LOCATION (City, town, or county) (State): Howard Co., Ellicott City Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972 | 25B. NAME OF REGISTRAR: Sidney Worton | 25C. FUNERAL DIRECTOR: Harry Witzke Funeral Home of Howard Co. ADDRESS: 4112 Columbia Pike Ellicott City Md.

VS 150-REV. 1/1968

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11148

REG. NO. 72 11148 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): WOLFF, EDITH MARGARET

2. DATE AND HOUR OF DEATH: NOVEMBER 23, 1972 2:15P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
40 ST. AGNES HOSPITAL
WILKENS & CATON AVENUES
BALTIMORE, MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2008
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 140 SOUTH COLLINS AVENUE

5. SEX: FEMALE
6. RACE: CAUCASIAN
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 08-27-94
9. AGE (In years last birthday): 78
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? UNITED STATES

13. FATHER'S NAME: Henry W. Phillips
14. MOTHER'S MAIDEN NAME: Minnie

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-30-1105
17. INFORMANT: ST. AGNES HOSPITAL MEDICAL RECORDS ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

I 412.4
(A) IMMEDIATE CAUSE: Cardiac arrest.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Aspiration Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(C) Congestive heart failure
A S C V D

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that XX (this hospital) attended the deceased from NOVEMBER 15 19 72 to NOVEMBER 23 19 72, that X (we) last saw the deceased alive on NOVEMBER 23 19 72 and that in XXX (our) opinion death occurred on the date and hour and from the causes stated above. XX (We) (did) XXXXX view the body after death.

23A. SIGNATURE: E Henzan M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/23/72
23C. PHYSICIAN'S NAME (Type): E HENZAN DEGREE
23D. ADDRESS: ST. AGNES HOSPITAL BALTO MARYLAND

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/27/72
24C. NAME of CEMETERY or CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Sidney Anthony
25C. FUNERAL DIRECTOR ADDRESS: Witzke, 1630 Edmondson Avenue 21228

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-320 72 11149 REG. NO. 72 11149 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): KATZ, Estelle M.

2. DATE AND HOUR OF DEATH: 545 pm 23 Nov 72

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital Baltimore MD 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY
C. CITY OR TOWN: Balto Md
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2500 W. BELVEDERE AVENUE 2717

5. SEX	6. RACE	7. MARITAL STATUS	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	WHITE	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	MARCH 15, 1893	79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	AT HOME	Russia	U.S.A.

13. FATHER'S NAME: Merton Blivess

14. MOTHER'S MAIDEN NAME: ADELLE ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		MR. WILLIAM SEFF	2704 COPPERFIELD RD. #21209

MEDICAL CERTIFICATION

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	(A) IMMEDIATE CAUSE: metastatic adenocarcinoma	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) primary site unknown	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C) with secondary hypercalcemia.	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/19 1972 to 11/23 1972.
that (I) (we) last saw the deceased alive on 11/23 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys.	Med. Director	Staff Phys.	23B. DATE SIGNED
Gian Caggiano M.D.		☐	☐	☒	11/23/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Gian Caggiano M.D.		Sinai Hospital Balto MD.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11/24/72	HEBREW YOUNG MEN	BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Sidney Silverstone	SOL LEVINSON & BROS.,	6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-500 72 11150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11150

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): LAWRENCE LEOPOLD A COHN

2. DATE AND HOUR OF DEATH: 11/22/72 | 6 10 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 42 SINAI HOSPITAL BALTIMORE
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY BALTO 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 11 SLADE AVE #8.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
MALE	WHITE	[X] NEVER MARRIED	7/04/04	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MERCHANT	RETAIL	BALTIMORE, MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
X ISADORE COHN	HENRIETTA DREYER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	217328385	MRS. GUSSIE COHN	11 SLADE, AVE., APT. 405 #8

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	CARDIAC ARREST.	30-30 mins
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	PULMONARY EMBOLI POSS Coronary occlusion	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): STATUS POST CHOLECISTECTOMY.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
11/7/72	CHOLELITIASIS	YES	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
[ ]		

21D. TIME OF INJURY (APPROX.) (Month / Day / Year / Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While At Work [ ] Not While At Work [ ]	

22. I certify that (I) (this hospital) attended the deceased from 11/5/72 19__ to 11/22/72 19__ that (I) (we) last saw the deceased alive on 11/22/72 19__ and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys.	Med. Director	Staff Phys.	23B. DATE SIGNED
[signature] 9035.		[ ]	[ ]	[X]	11/22/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
ROBERTO FRIDMAN	M.D.	SINAI HOSPITAL BALTO.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11/24/72	HEBREW FRIENDSHIP	BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Sidney Morton	SOL LEVINSON & BROS.,	6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-650 72 11151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11151 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): BERTHA BARRON

2. DATE AND HOUR OF DEATH: NOVEMBER 23, 1972 | 9 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 6807 PARK HEIGHTS AVENUE, APT. 3G

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 2730
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 6807 PARK HEIGHTS AVENUE, APT. 3G

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
FEMALE	WHITE	MARRIED XX	MARCH 7, 1902	70				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	AT HOME	BALTIMORE, MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ISAAC BERMAN	LEAH ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	220-12-5220	MR. SAMUEL BARRON, 6807 PARK HEIGHTS AVENUE	APT. 3G

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 174 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Metastatic Ca — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Ca of breast
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPRDX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/14/71 19 to 11/23 19 72 that (I) (we) last saw the deceased alive on 11/21 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bernard Burgin M.D. DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐ — 23B. DATE SIGNED: 11/24/72

23C. PHYSICIAN'S NAME (Type): BERNARD BURGIN DEGREE — 23D. ADDRESS: 3809 CLARKS LANE

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11/24/72	BETH TFILOH	BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Sidney Silverstone	SOL LEVINSON & BROS.,	6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-410

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11152

REG. NO. 72 11152

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) JEANETTE WOLFE	2. DATE AND HOUR OF DEATH 11-19-72 1955 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 33 The Johns Hopkins Hospital	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Queens Annes 6700 C. CITY OR TOWN Stevensville D. INSIDE CITY LIMITS? YES ☐ NO ☐ E. STREET AND NUMBER Stevensville, Md. 21666

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Female	Cauc.		9/02/12	60				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	AT HOME	CHESTER, MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Israel Marks	Ida Teves

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		MR. JOHN T. CLARKE,	118 N. COMMERCE STREET CENTREVILLE, MD. 21617

MEDICAL CERTIFICATION

18. 209X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Myelofibrosis & Malignant Melanoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 yr

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		YES	NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 17 1972 to Nov 19 1972 that (I) (we) last saw the deceased alive on Nov 19 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☒	23B. DATE SIGNED
James Martin, M.D.				11-19-72

23C. PHYSICIAN'S NAME (Type) DEGREE	23D. ADDRESS
James Martin, M.D.	The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11/22/72	BNAI ISRAEL	BALTIMORE, MARYLAN D

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 27 1972	Sidney [illegible]	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. A-416 72 11153 REG. NO. 72 11153

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): JOSEPH E. ALBERT

2. DATE AND HOUR OF DEATH: NOV 21ST 1:46 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
144 THE UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 903
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 905 CHESTNUT HILL AVE.

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 01-09-08
9. AGE (In years last birthday): 64
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CREDIT MGR.
10B. KIND OF BUSINESS OR INDUSTRY: Amstar Corp. CREDIT
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH E. ALBERT
14. MOTHER'S MAIDEN NAME: REGINA BECKER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MARGARET B. ALBERT ADDRESS: SAME

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 410.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ACUTE MYOCARDIAL INFARCTION
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) ARTERIOSCLEROSIS
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOV 17 1972 to NOV 21ST 1972, that (I) (we) last saw the deceased alive on NOV 21ST 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): ANDRES SUAREZ, M.D. DEGREE
23D. ADDRESS: Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/24/72
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Sidney Worton
25C. FUNERAL DIRECTOR ADDRESS: Mitchell-Wiedefeld Home 6500 York Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C-654 BIRTH NO. 72 11151 REG. NO. 72 11154

STATE OF MARYLAND

1. NAME OF DECEASED (Type or Print): Charlotte G. Cornelius

2. DATE AND HOUR OF DEATH: 11/20/1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Long Green Nursing Home
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto 2712
C. CITY OR TOWN: Balto/
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6209 Pinehurst Rd.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	White	[X] Never Married [ ] Widowed [ ] Divorced	Aug. 31, 1912	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher	Ret.	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J. Paul George	Nelle C

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	----------	214-38-3144	Thomas R. Cornelius	same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Bronchopneumonia	1 day
DUE TO, OR AS A CONSEQUENCE OF:		
(B)		
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 4/7/ 19 71 to 11/20/ 19 72 that (I) (we) last saw the deceased alive on 10/17/ 19 72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) [illegible] (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]	23B. DATE SIGNED
[signature]	M. D.		11/21/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
JFX Chemosky		3201 N Charles

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	11/24/72	Druid Ridge Cemetery	Pikesville	Md

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	[signature]	Mitchell Wiedefeld Home	6500 York Rd.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. D-651 72 11155 REG. NO. 72 11155

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) MARIE DORNBERG

2. DATE AND HOUR OF DEATH 11/20/72 8 05 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

EDGEWOOD NURSING HOME 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE ~~MD~~ Md. B. COUNTY 2748

C. CITY OR TOWN BALTO D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER 5662 WOODMONT AVE.

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	W		11/26/87	85				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Legal ~~Sec'y~~	Legal	Baltimore Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Fitzberger	Agnes Cole

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	213-20-2250	DR. PAUL HEROLD	5608 ENDERLY RD.

MEDICAL CERTIFICATION

CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	1B. 410.01	
	(A) IMMEDIATE CAUSE ? ARRHYTHMIA	
	DUE TO, OR AS A CONSEQUENCE OF: ACUTE MYOCARDIAL INFARCTION ?	
	(B) DUE TO, OR AS A CONSEQUENCE OF:	
	(C) ARTERIOSCLEROTIC HEART DISEASE —	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). HYPERTENSION— CEREBROVASCULAR DISEASE	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
—	—	NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/20 19 72 to 11/20 19 72, that (I) (we) last saw the deceased alive on 9/6/72 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐	23B. DATE SIGNED
A. N. Mavridis	M.D. covering for pat's M.D.		11/20/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
A. N. MAVRIDIS M.D.		1116 St. Paul Street Balto

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/24/72	Trinity Cemetery	O'Donnell St. Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Sidney Winston	Mitchell-Wiedefeld Home	6500 York Rd

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 1-525 72 11156

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11156
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): ~~JOHN~~ REBECCA JOHNSON
2. DATE AND HOUR OF DEATH: 11-18-72 | 7-15 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
   FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital of Maryland
   (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
   A. STATE: Maryland
   B. COUNTY: 1501
   C. CITY OR TOWN: Baltimore 21217
   D. INSIDE CITY LIMITS? YES ☑ NO ☐
   E. STREET AND NUMBER: 1318 N. Stockton Street
5. SEX: F
6. RACE: M N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: ?
9. AGE (In years last birthday): 84 (If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Lutheran Hospital ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Acute pulmonary edema	2 hrs.
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Pneumonia	? 1 week
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: Diabetes — 1 week

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work ☐ — Not While At Work ☐
21F. HOW DID INJURY OCCUR?: —

22. I certify that (I) (this hospital) attended the deceased from 11-16 19 72 to 11-18 19 72 that (I) (we) last saw the deceased alive on 11-18 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11-18-72
23C. PHYSICIAN'S NAME (Type): M AFTAB ANWAR MD DEGREE
23D. ADDRESS: Lutheran Hospital of Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11 25 72
24C. NAME of CEMETERY or CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: [illegible] 72
25B. NAME OF REGISTRAR: Sidney Morton
25C. FUNERAL DIRECTOR: [illegible] ADDRESS: 330 W 40th St Baltimore

VS 150 [illegible]

T-460 72 11157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11157

BIRTH NO.

REG. NO.

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): JAMES TAYLOR

2. DATE AND HOUR OF DEATH: 11.20.72. | 2.40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND HOSPITAL. BALTIMORE.

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4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND 21615. CAROLINE 5500
B. COUNTY
C. CITY OR TOWN: PRESTON.
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: R.F.D. #1 Box 40.

5. SEX: MALE
6. RACE: CAUCASIAN.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6.18.00.
9. AGE (In years last birthday): 72
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ? Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Self ?employed
11. BIRTHPLACE (State or foreign country): Preston, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walton Perry Taylor
14. MOTHER'S MAIDEN NAME: Bernice Nichols

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO UNKNOWN.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-30-8300
17. INFORMANT: Mrs. Frances Taylor, Sunset Blvd., Preston, Md. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Renal failure + hepatic failure	3 weeks.
DUE TO, OR AS A CONSEQUENCE OF: (B)	Ruptured aortic aneurysm.	
DUE TO, OR AS A CONSEQUENCE OF: (C)	Atherosclerosis of aorta.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION: 10.24.72
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ruptured aortic aneurysm.
20A. AUTOPSY? (Yes or No): No.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 24th October 1972 to 20th November 1972. that (I) (~~We~~) last saw the deceased alive on 20th Nov. 1972 and that In(my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: J.A. Sandiford B.Sc. M.B.Ch.B. DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 20th Nov. 1972.
23C. PHYSICIAN'S NAME (Type): J.A. SANDIFORD. DEGREE
23D. ADDRESS: UNIVERSITY OF MARYLAND HOSPITAL 22.S.GREENE ST. BALTIMORE MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Nov. 24/72
24C. NAME of CEMETERY or CREMATORY: Junior Order Cemetery
24D. LOCATION (City, town, or county) (State): Preston, Caroline, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Sidney Thornton
25C. FUNERAL DIRECTOR ADDRESS: Frampton Funeral Home, Federalsburg, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-000 72 11158

BIRTH NO. 72 11158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 72 11158

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): DANIEL E. SHAW

2. DATE AND HOUR OF DEATH: 11/24/72 4:25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: MARYLAND GENERAL HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission)
A. STATE: MARYLAND B. COUNTY: A4 5202
C. CITY OR TOWN: GLEN BURNIE
D. INSIDE CITY LIMITS? YES ~~X~~ NO X
E. STREET AND NUMBER: 1234 ASTOR DRIVE

5. SEX: MALE
6. RACE: WHITE
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11/30/41
9. AGE (In years last birthday): 30
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~NURSE~~ Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Hydraulic Eq.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GLENN SHAW
14. MOTHER'S MAIDEN NAME: EMMA SIMONS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 213-38-8899
17. INFORMANT: GLENN SHAW (Mother) ADDRESS: 145 N. Carolina Ave. Pasadena, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Cerebral Edema	
DUE TO, OR AS A CONSEQUENCE OF: (B)	Uremic Encephalopathy	
DUE TO, OR AS A CONSEQUENCE OF: (C)	Chronic Renal Failure ~~Dis~~	years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Glomerular nodular sclerosis	

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 11/18 1972 to 11/24 1972 that ~~(I)~~ (we) last saw the deceased alive on 11/24 1972 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Newton W. Rogers MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. X
23B. DATE SIGNED: 11/24/72
23C. PHYSICIAN'S NAME (Type): NEWTON W. ROGERS MD DEGREE
23D. ADDRESS: MARYLAND GENERAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/27/72
24C. NAME of CEMETERY or CREMATORY: St. Marks Cemetery
24D. LOCATION (City, town, or county) (State): Frederick, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Audrey Johnson
25C. FUNERAL DIRECTOR: Raymond C. Fink ADDRESS: Glen Burnie, Md.

VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. D-125 72 11159

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11159
STATE OF MARYLAND-DEPT

1. NAME OF DECEASED (Type or Print): Edward F. Davison
2. DATE AND HOUR OF DEATH: November 22, 1972 | 1 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
   FULL NAME OF HOSPITAL OR INSTITUTION: Mercy Hospital (DOA)
   (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
   A. STATE: Maryland
   B. COUNTY: 401
   C. CITY OR TOWN: Baltimore
   D. INSIDE CITY LIMITS? YES [X] NO [ ]
   E. STREET AND NUMBER: 222 St. Paul Place

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M.	W.	NEVER MARRIED [X]	11/27/'10	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired Presbyterian Minister		Glascow, Scotland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Davison	Eliza Wardle

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	—	232-14-1231	Mrs. Jessie M. Davison	222 St. Paul Place

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Hypertensive Arteriosclerotic Heart Dis. — 7+ yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(B) I
DUE TO, OR AS A CONSEQUENCE OF:
(C) Diabetes Mellitus

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). —

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~his hospital~~) attended the deceased from March 19 65 to Nov. 22 19 72, that (I) (we) last saw the deceased alive on Oct 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Daniel Bakal MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] — 23B. DATE SIGNED: 11-22-72

23C. PHYSICIAN'S NAME (Type): DANIEL BAKAL, MD DEGREE — 23D. ADDRESS: 3600 Loch Raven Dr Baltimore, Md

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Cremation	11/22/'72	Loudon Park Crematory	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 27 1972	Lindsey Newton	Sterling Funeral Estate 736 Edmondson Ave Catonsville, Md. 21228

VS 1S0-REV. 1/1/68

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STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

P-100 72 11160 — REG. NO. 72 11160

BIRTH NO.

1. NAME OF DECEASED (Type or Print): THEODORE JOHN PAPA

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month — Day — Year — Hour

3. DATE PRONOUNCED DEAD — Month: November — Day: 21 — Year: 1972 — Hour: 10:10 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
1628 W. Hollins Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: 1902

6. SEX: Male — 7. RACE: White — 8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ (separated)

C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES ☑ NO ☐

9. DATE OF BIRTH: 6/24/1943 — 10. AGE (In years last birthday): 29 — If Under 1 Yr. or Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 1315 Hollins Street

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John V. Papa

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

14B. KIND OF BUSINESS OR INDUSTRY: unknown

15. MOTHER'S MAIDEN NAME: Sally Fillmore

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Mrs Sally Bilbo — ADDRESS: 528 Random Rd. 21229

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) IMMEDIATE CAUSE: Narcotics Addiction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION — 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED — 21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D. — Deputy M.D.

CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/21/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 11/27/72 — 24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem. — 24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972 — 25B. NAME OF REGISTRAR: Sidney Anderson — 25C. FUNERAL DIRECTOR: John J. Conaway Inc. — ADDRESS: Hollins St. 21223

VS 151-REV. 1/1/68

12-15-1972 - Completion of cause of death on a pending medical examiner death certificate
Ronald N. Kornblum, M.D. HS

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-652 72 11161

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11161 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): GRIMES, NORMAN NICHOLAS

2. DATE AND HOUR OF DEATH: NOVEMBER 22, 1972 | 12:00 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL
40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2102
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES XX NO ☐
E. STREET AND NUMBER: 1135 SARGEANT STREET 21223

5. SEX	6. RACE	7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
MALE	CAUCASIAN		11 24 14	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TOOL & DIE MAKER	Motors Elec.	MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE GRIMES DEC'D	(GRILL) MARGARET DEC'D

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO /	215 07 0200	RECORD'S BALTO MD	21229 ST AGNES HOSPITAL WILKENS & CATON AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

201X I

(A) IMMEDIATE CAUSE: Severe pneumonatis with empyema
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hodgkins disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		YES	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that XX (this hospital) attended the deceased from NOVEMBER 14, 19 72 to NOVEMBER 22, 19 72, that X (we) last saw the deceased alive on NOVEMBER 22, 19 72 and that in XX (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) XXXX view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑	23B. DATE SIGNED
Nirmala Mallya			11/22/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
NIRMALA M MALLYA		BALTIMORE MD 21229 ST AGNES HOSPITAL WILKENS & CATON AVE

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	11/25/72	London Park Cem.	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Sidney J. Morton	John J. Cowan Sons, Inc.	901 Hollins St. Balt. Md. 21223

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-652 72 11162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11162 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): GLADYS I. BYRNES

2. DATE AND HOUR OF DEATH: 22 November 1972 | 6 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 4013 Parkside Drive 21206
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2731
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4013 Parkside Drive 21206

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	Caucasian	[X] NEVER MARRIED	4 Feb 07	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
seamstress	clothing	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arthur Leatherman	Nellie Adams

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	168-24-4542	Robert J. Byrnes, 4013 Parkside Dr.	21206

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Bronchogenic Carcinoma
DUE TO, OR AS A CONSEQUENCE OF:
(B) of lung & general
DUE TO, OR AS A CONSEQUENCE OF:
(C) metastases

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 mo

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): —

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
10-6-72	neck node biopsy	no	—

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
no	—	—

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?
—	—	—

22. I certify that (I) (this hospital) attended the deceased from — 1965 to Nov. 22 1972, that (I) (we) last saw the deceased alive on Nov-22 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE		23B. DATE SIGNED
J. Donner Moores MD		Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]	11-24-72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
J. D. Moores, MD		3105 Belair Rd. 21213

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	27 Nov 72	Gardens of Faith	Balto. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Sidney Morton	Ullrich Funeral Home, Balto., Md.	21206

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 7-530

72 11163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11163

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Zula Madeline Fant	2. DATE AND HOUR OF DEATH: November 20, 1972 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 SOUTH BALTIMORE GENERAL	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: Anne Arundel 5200 C. CITY OR TOWN: Brooklyn D. INSIDE CITY LIMITS? YES ☐ NO ☒ E. STREET AND NUMBER: 4602 Fourth Street
5. SEX: Female	6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: Jan. 1, 1892
9. AGE (In years last birthday): 80	If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): V irginia	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Woodard	14. MOTHER'S MAIDEN NAME: Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT: Charles W. Fant	ADDRESS: 137 N. Meadow Drive Glen Burnie, Md

MEDICAL CERTIFICATION

18. 412.2-250.9

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Stroke
DUE TO, OR AS A CONSEQUENCE OF:

(B): ASCVD
DUE TO, OR AS A CONSEQUENCE OF:

(C): Hypertension

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes Mellitus

19A. DATE OF OPERATION: 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?	

22. I certify that (I) (this hospital) attended the deceased from 2-19 19 72 to time of death 19, that (I) (we) last saw the deceased alive on 10-17 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David M Howell DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐		23B. DATE SIGNED: 11/21/72
23C. PHYSICIAN'S NAME (Type): Daniel Howell, M.D. DEGREE	23D. ADDRESS: 615 Mammond Lane, Baltimore, Md. 2122[illegible]	

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 11/24/72	24C. NAME of CEMETERY or CREMATORY: Glen Haven Cemetery	24D. LOCATION (City, town, or county) (State): Glen Burnie, Maryland	
25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972	25B. NAME OF REGISTRAR: Sidney M Norton	25C. FUNERAL DIRECTOR: George J. Gonce	ADDRESS: 4001 Ritchie Highway	

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Z-352 72 11164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 72 11164 REG. NO. STATE OF MARYLAND-DEPT

1. NAME OF DECEASED (Type or Print): MARY R ZDENEK

2. DATE AND HOUR OF DEATH: November 23, 1972 3:25 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: SOUTH BALTIMORE GENERAL HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 702
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 715 N. Rose St.

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	W		Nov. 1, 1887	85				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	Czechoslovakia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Novak	Anna Baytos

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	—	212073224A	John C. Zdenek	700 N. Rose St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bleeding Peptic Ulcer
DUE TO, OR AS A CONSEQUENCE OF:
(B) Chronic Pyloric Ulcer
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Metastatic Carcinoma of lumbar Spine

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 23 19 72 to Nov. 23 19 72 that (I) (we) last saw the deceased alive on Nov. 23 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☑	23B. DATE SIGNED
Roberto C. Feliciano					11/23/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
ROBERTO C. FELICIANO		SOUTH BALTIMORE GEN. HOSPITAL 3001 South Hanover St, Balt., MD.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	11-27-72	Holy Redeemer Cemetery	Baltimore	Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Sidney [illegible]	Philip E. Coach	1211 Chesapeake Ave

VS 150-REV. 1/1/68

1

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. A-165 72 11165 REG. NO. 72 11165

1. NAME OF DECEASED (Type or Print): JOSEPH ABREMSKI

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month November Day 21 Year 1972 Hour 7:15 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 500 Block Wyeth Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2101
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 682 Washington Blvd.

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: MAY 22 1930
10. AGE (In years last birthday): 42
If Under 1 Yr. Months / If Under 24 Hrs. Days / Hours / Min.

11. BIRTHPLACE (State or foreign country): BALTO. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOSEPH L. ABREMSKI
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): T.V.
14B. KIND OF BUSINESS OR INDUSTRY: JOHNSON BROS.
15. MOTHER'S MAIDEN NAME: ANN P
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): NONE
17. SOCIAL SECURITY NO.: 215-28-8020
18. INFORMANT: Mildred L. ABREMSKI
ADDRESS: 628 Wash. Blvd.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

4124 Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE, EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
Deputy CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/21/72

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11-25-72
24C. NAME of CEMETERY or CREMATORY: NEW CATHEDRAL
24D. LOCATION (City, town, or county) (State): Old Frederick Rd. Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Sidney Weston
25C. FUNERAL DIRECTOR: KRAUSE FUN HOME
ADDRESS: 1216 S. CHARLES ST.

VS 151-REV. 7/1/68

E-520 dr B-400 72 11166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. 72 11166 REG. NO. [redacted] 72 11166

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): EMGE - Bell

2. DATE AND HOUR OF DEATH: 11-22-72 | 7:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Belton Hill Nursing Home
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1400 John St -

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 203
C. CITY OR TOWN: Balto -
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2439 N. Calvert St

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	W		6-9-95	77				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland (Lee Kansas)	U.S.A.

13. FATHER'S NAME: Albert S. Ziegler (Lost Soon)

14. MOTHER'S MAIDEN NAME: Emma High

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 213-16-0886

17. INFORMANT: A.D. Short ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Chronic renal failure	years
(B) DUE TO, OR AS A CONSEQUENCE OF:	arteriosclerotic heart disease	years
(C)	Chronic Congestive Syndrome	years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/2 19 72 to 11/22 19 72 that (I) (we) last saw the deceased alive on 11/20 19 72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☑ Staff Phys. ☐
23B. DATE SIGNED: 11/24/72

23C. PHYSICIAN'S NAME (Type): ALAN H MATT MD DEGREE
23D. ADDRESS: 2E Read St Balto Md 21201

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/24/1972	Loudon Park	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR ADDRESS: G. Truman Schwab 3512 Frederick Ave.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. T-200 72 11167 REG. NO. 72 11167 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): ANNA TIGHE

2. DATE AND HOUR OF DEATH: 11/24/72 3:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 UNIV OF MD HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND, B. COUNTY: BALTIMORE 2102
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 419 S Poppleton St Baltimore 21223

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2/4/1906
9. AGE (In years last birthday): 66 y
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Dunnigan
14. MOTHER'S MAIDEN NAME: Flynn Bugde

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-03-4283
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Cardiorespiratory arrest	?
DUE TO, OR AS A CONSEQUENCE OF: (B)	~~ASCVD~~ Prob MI	~~1969~~ ?
DUE TO, OR AS A CONSEQUENCE OF: (C)	ASCVD	1970
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Diabetic Heart Disease	1970

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from February 1970 to 11/24 1972, that (I) (we) last saw the deceased alive on 11/16 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R Cordon MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/24/72
23C. PHYSICIAN'S NAME (Type): RICARDO A CORDON DEGREE
23D. ADDRESS: UNIV OF MD. HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-27-72
24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Lindsay Hamilton
25C. FUNERAL DIRECTOR: McCubbin Funeral Home
ADDRESS: 130 E. Fort Ave. 21230

Deferred to Medical Examiner, but they felt cause of death was Her Underlying Disease —

VS 150-REV. 1/1/64

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

sab-57-56-23 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. N-500 72 11168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11168

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): ORA L. NINE

2. DATE AND HOUR OF DEATH: 11/23/72 | 4⁰⁰ A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

31 Baltimore City Hospitals
4940 Eastern Ave.,
Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2664

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 27 North Highland Avenue 21224

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Female	Caucasian	NEVER MARRIED [ ] DIVORCED [X]	4/14/1908	64				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lonaconing, MD.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Seggie

14. MOTHER'S MAIDEN NAME: Janet Ross

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-07-3721

17. INFORMANT: Records: BCH-4940 Eastern Avenue 21224 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Brain Tumor
DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		YES	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-31- 19 72 to 11/23/ 19 72 that (I) (we) last saw the deceased alive on 11/23/ 19 72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S Zoyac MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 11/23/72 4¹⁵ Pm

23C. PHYSICIAN'S NAME (Type): S. Zoyac MD DEGREE

23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Ave. Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/26/72	Oak Hill Cemetery	Lonaconing, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
		George Eichhorn Lonaconing, Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

H-210 BIRTH NO. 72 11169 REG. NO. 72 11169

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) William A. Hieggsby

2. DATE AND HOUR OF DEATH 11/23/72 12:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
US Public Health Service Hosp. 3100 Wyman Park Dr.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE ~~Balt~~ MD. B. COUNTY 602
C. CITY OR TOWN Balt D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER 109 N. Lakewood Ave

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	W WT	☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED	1/15/04	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Amer. Seaman	Baker Whitely Towing Co.	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. F. Hieggby	Dorothy (Deffler) Doppler

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	217-14-3294	Mrs. Lillian Mae Hieggby	109 N. Lakewood Ave.

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. I (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Cardiac Arrest	30 min
(B) DUE TO, OR AS A CONSEQUENCE OF:	Arteriosclerotic Cardiovascular Disease	2 yrs.
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Congestive Heart Failure, Diabetes	

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
—	—	no	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
no	no	—

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
—	While At Work ☐ Not While At Work ☐	—

22. I certify that (I) (this hospital) attended the deceased from 11/13 19 72 to 11/22 19 72, that (I) (we) last saw the deceased alive on 11/22 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. — Viewed by Dr. Fenner.

23A. SIGNATURE	DEGREE				23B. DATE SIGNED
Allen Richmond	MD	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☑	11/23/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Allen Richmond	MD	3100 Wyman Park Drive

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/25/72	Oak Lawn Cemetery	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Audrey L. Hunter	John A. Moran, Inc.	3000 E. Baltimore St. Baltimore, Md. 21224

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-560 72 11170

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11170

REG. NO.

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) — Charles L. Tanner

2. DATE AND HOUR OF DEATH — Nov. 23, 1972 — M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
43 South Baltimore Gen. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE — Maryland
B. COUNTY — 2404
C. CITY OR TOWN — Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER — 547 E. Fort Ave.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	White	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	May 12, 1910	62				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	General Motors	Virginia	U.S.A.

13. FATHER'S NAME — John Tanner

14. MOTHER'S MAIDEN NAME — Etta Overstreet

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	W.W. 2	210-24-2391	Mrs. Betty Tanner	547 E. Fort Ave. Wife

MEDICAL CERTIFICATION

18. 2304 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) IMMEDIATE CAUSE — Hypertensive Arteriosclerotic Cardio-Vascular Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO, OR AS A CONSEQUENCE OF:
(B) Diabetes Mellitus — years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 2-3 19 66 to 11-23 19 72 that (I) (we) last saw the deceased alive on 11-23 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE — Rolando V. Hao MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] — 23B. DATE SIGNED 11/29/72

23C. PHYSICIAN'S NAME (Type) DEGREE — 23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-27-72	Glen Haven Mem. Park	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT. — NOV 27 1972 — 25B. NAME OF REGISTRAR — [illegible] — 25C. FUNERAL DIRECTOR — ADDRESS — McCully Funeral Home 130 E. Fort Ave. 21230

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-255 72 11171

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11171

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): BUCHANAN, HAMMETT MOSS

2. DATE AND HOUR OF DEATH: NOVEMBER 19, 1972 | 8:20 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: ST. AGNES HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: HOWARD 6300

C. CITY OR TOWN: SAVAGE

D. INSIDE CITY LIMITS? YES XX NO ☐

E. STREET AND NUMBER: 8331 WOODWARD STREET 20863

5. SEX	6. RACE	7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
MALE	CAUCASIAN		02 09 96	76				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FIELD CONSTRUCTION	ENGINEERING CO.	~~VIRGINIA~~ NO. CAROLINA	U.S.A.

13. FATHER'S NAME: GEORGE BUCHANAN

14. MOTHER'S MAIDEN NAME: VICTORIA YANCEY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): YES WW 1

16. SOCIAL SECURITY NO.: 147 09 9006

17. INFORMANT: ST. AGNES HOSPITAL RECORDS CATON & WILKENS AVENUE 21229 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

200.1 I

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Pulmonary emboli.

(B) DUE TO, OR AS A CONSEQUENCE OF: Lymphosarcoma

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that XX (this hospital) attended the deceased from NOVEMBER 19 1972 to NOVEMBER 19 1972, that X (I) (we) last saw the deceased alive on NOVEMBER 19 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) XXXX view the body after death.

23A. SIGNATURE: E Henzan DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. X

23B. DATE SIGNED: 11/20/72

23C. PHYSICIAN'S NAME (Type): E. HENZAN DEGREE

23D. ADDRESS: WILKENS & CATON AVE. BALTO. MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/22/72	Meadowridge Memorial Park	Davey Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Sidney Falkowitz	Donaldson Funeral Home	Laurel Md

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-525 72 1172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 1172

REG. NO. STATE OF MARYLAND-DHMH

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HENRY CONRAD CUNZEMAN

2. DATE AND HOUR OF DEATH: 11-22-72 730 AM | 730 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Maryland Hospital Baltimore Md 21201

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
701
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 717 Kenwood Av. Balt 21205

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	White	NEVER MARRIED [X]	9/28/99	73				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dept Public Works
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Cunzeman Sr
14. MOTHER'S MAIDEN NAME: ~~Xxxxxxx~~ Mary Elizabeth Becker

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 213 09 6826
17. INFORMANT: ~~Xxxxxxx~~ Mrs Louise A McNeil
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	CARDIAC ARREST	10 minutes
DUE TO, OR AS A CONSEQUENCE OF: (B)	Metastatic Carcinoma of Prostate	3 yrs
DUE TO, OR AS A CONSEQUENCE OF: (C)	ACCUD	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
11/10/72	Intestinal obstruction		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Franklin P Rueduer MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. [X]
23B. DATE SIGNED: 11/22/72
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/25/72	Loudon Park	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 27 1972	Sidney Sherwood	Leonard J Ruck Inc. Baltimore, Md

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-630 72 11173

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11173
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Urban Bernard Bratt

2. DATE AND HOUR OF DEATH: 11/21/72 — 6 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1606 Waverly Way

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2758
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1606 Waverly Way

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	W	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	May 15, 1911	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Book Keeper		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ellwood T. Bratt	Beatrixe Matusky

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	215-01-2525	Mrs. Catherine S. Bratt	(Same)

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

410.9 + 250.9

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Probable myocardial infarction
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Diabetes Mellitus

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 4/24 19 72 to 11/21 19 72, that (I) (we) last saw the deceased alive on 11/20 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert E. May M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/24/72

23C. PHYSICIAN'S NAME (Type): Robert E. May MD. DEGREE
23D. ADDRESS: 5662 The Alameda, Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/25/72	Sacred Heart of Jesus Cem.	Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 27 1972	[illegible]	Leonard J. Ruck Inc. Balto. Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

C-200 72 11174 — 72 11174

BIRTH NO. — REG. NO. — STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Josephine H Cook

2. DATE AND HOUR OF DEATH: 11-24-72-7 40 Am M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: North Charles General
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2724 N. Charles Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2748
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1208 Gleneagle Road

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	W	[X] MARRIED [ ] NEVER MARRIED [ ] WIDOWED Sep [ ] DIVORCED	4-17-10	62		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Harrison (D)
14. MOTHER'S MAIDEN NAME: Alverta Parkinson (D)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 213-14-2611
17. INFORMANT: Mr William J Cook Jr — ADDRESS: Same

MEDICAL CERTIFICATION

18. 562.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Septic Shock
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pneumonitis and/or Peritonitis
DUE TO, OR AS A CONSEQUENCE OF:
(C) Abscess ; Diverticular Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
[ ]		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While At Work [ ] Not While At Work [ ]	

22. I certify that (I) (this hospital) attended the deceased from 11-18 1972 to 11-24 1972
that (I) (my) last saw the deceased alive on 11-24 1972 and that in (my) opinion death occurred on the date and hour and from the causes stated above. (I) (He) (did) (did not) view the body after death. 7:00 AM

23A. SIGNATURE: Edmund C. Yates, M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 11-24-72
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/27/72	Holy Redeemer	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck Inc. Baltimore, Md

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. P-623 72 11175

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 72 11175

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Frances Olivia Proctor

2. DATE AND HOUR OF DEATH: November 22, 1972 | M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Provident Hospital D.O.A.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 15 11
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3511 Wabash Avenue

5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
female	black	never married	2/2/1891	81		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teachr-ret.	Balt. Public School	Maryland	USA

13. FATHER'S NAME: Solomon J. A. Proctor

14. MOTHER'S MAIDEN NAME: Frances Edwards

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		214 38 2993	A Charles A. Proctor	3511 Wabash Ave

MEDICAL CERTIFICATION

18. 431.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Cerebral Hemorrhage	< half hr.
DUE TO (B)	Hypertension	Indefinite
DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Jan 1969 to ~~Dec~~ Nov 22 1972, that (I) (we) last saw the deceased alive on Oct 20 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE				23B. DATE SIGNED
H Garland Chrisdell M.D.	Attending Phys. ☑	Med. Director ☐	Staff Phys. ☐	Nov 24, 1972

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
H. Garland Chrisdell M.D.	940 W North Ave Baltimore Md

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/27/72	Mt. Calvary	Anne Arundel Co., Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Sidney [illegible] Norton	Herbert E. Nutter	3035 W. North Ave

VS 150-REV. 1/1/65

1

72 11176

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

B-200

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11176

BIRTH NO. 71-00765

1. NAME OF DECEASED (Type or Print): MICHELLE BUSH			2. DATE OF DEATH: Known [X] Estimated [ ] Month: November Day: 16 Year: 1972	Hour: M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital (DOA)			3. DATE PRONOUNCED DEAD: Month: November Day: 16 Year: 1972	Hour: 10:24 A.M.
			5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 15-48	
6. SEX: Female	7. RACE: Negro	8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	C. CITY OR TOWN: Baltimore	D. INSIDE CITY LIMITS? YES [X] NO [ ]
9. DATE OF BIRTH: 1/5/71	10. AGE (In years last birthday): 21	If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:	E. STREET AND NUMBER: 2111 Garrison Boulevard	
11. BIRTHPLACE (State or foreign country): MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME: THOMAS BANNISTER	
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY		15. MOTHER'S MAIDEN NAME: CAROLYN BUSH	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.	18. INFORMANT: MRS. EUNICE BROWN ADDRESS: 4518 FAIRFAX RD.	

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Sickle cell disease - anemic crisis — IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
		Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Marvin S. Platt M.D.

EXAMINER'S NAME (Type): Marvin S. Platt, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: November 16, 1972

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11/21/72	MT. AUBURN	BALTIMORE, MD.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Sidney [illegible]	HERBERT E. NUTTER	3035 W NORTH

VS 151-REV. 1/1/68

1

D-520 72 11177

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11177

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): LUVON ELMER DUNGEE, JR

2. DATE OF DEATH: Known ☒ Estimated ☐ Month: November Day: 18 Year: 1972 Hour: 12:45 A.M.

3. DATE PRONOUNCED DEAD: Month: November Day: 18 Year: 1972 Hour: 12:45 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 39 Provident Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2717

6. SEX: Male
7. RACE: Negro
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐

9. DATE OF BIRTH: MAR 11/28/34
10. AGE (In years last birthday): 37
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 2718 CYLBURN AVENUE

11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: LUVON DUNGEE

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHIPPING & RECEIVING CLERK
14B. KIND OF BUSINESS OR INDUSTRY: HENDINE FASHIONS
15. MOTHER'S MAIDEN NAME: EVELYN BARNES

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.: 215308996
18. INFORMANT: ELSIE E. DUNGEE ADDRESS: 2718 CYLBURN AVE.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hypertensive cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4/12/2

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: November 18, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11/23/72
24C. NAME of CEMETERY or CREMATORY: ORBUTUS MEMORIAL PARK
24D. LOCATION (City, town, or county) (State): BALTIMORE CO., MD

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: HERBERT E. NUTTER ADDRESS: 3035 W NORTH AVE

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-200 72 11178

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11178 STATE OF MARYLAND-DEPT

1. NAME OF DECEASED (Type or Print): Arthur Buchanan Chase

2. DATE AND HOUR OF DEATH: 11/21/72 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2409 St. Stephens Court

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1504
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2409 St. Stephens Court, Apt. 3C

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
male	black	WIDOWED [X]	11/25/1895	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
interior Decorator	Self-Employed	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel B. Chase	Lucy Adell Duckett

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	218 18 5824	Jl/Daisy Chase	2409 St. Stephens Court

MEDICAL CERTIFICATION

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAUSE: CONGESTIVE HEART FAILURE	1 mo
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO, OR AS A CONSEQUENCE OF: (B) H.C.V.D	2 yrs
	DUE TO, OR AS A CONSEQUENCE OF: (C) PARKINSONISM	10 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
6			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from FEB 19 68 to NOV & 72 19, that (I) (~~he~~) last saw the deceased alive on 20 NOV. 19 72 and that in(my) (~~his~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~he~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Joshua R. Mitchell M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 22 NOV 72

23C. PHYSICIAN'S NAME (Type): Joshua Mitchell DEGREE

23D. ADDRESS: 2202 GARRISON BLVD. BALT O., MD.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/24/72	Arbutus Memorial Park	Baltimore Co., Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Lindsay [illegible]	Herbert E. Nutter	3035 W. North Ave

VS 150-REV. 1/1/68

1

STATE OF MARYLAND-DHMH

BALTIMORE CITY HEALTH DEPARTMENT

G-630 72 1179

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 1179

BIRTH NO.

1. NAME OF DECEASED (Type or Print): RESSIE GRADY JR.

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: November — Day: 18 — Year: 1972 — Hour: 6:50 P.M.

3. DATE PRONOUNCED DEAD — Month: November — Day: 18 — Year: 1972 — Hour: 6:50 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 Maryland General Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland
B. COUNTY: 2788

6. SEX: Male

7. RACE: Negro

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 9-9-23

10. AGE (In years last birthday): 49

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

E. STREET AND NUMBER: 5215 Wilton Heights AVE.

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ressie Grady

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY: Owen Ryker Proprietors Corp

15. MOTHER'S MAIDEN NAME: Peggy Lee Jerome

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): 1-10-46 / 1-30-47

17. SOCIAL SECURITY NO.: 244-12-1239

18. INFORMANT — ADDRESS: Ada Grady - 5215 Wilton Hgts. Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E965X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of chest

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 800 Newington Avenue 1302

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-18-72 5:15 P.m.

22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]

22F. HOW DID INJURY OCCUR? Shot during altercation

23.
I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [X] Undetermined manner [ ]

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

Deputy CHIEF MEDICAL EXAMINER [X]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: November 19, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11/25/72

24C. NAME of CEMETERY or CREMATORY: Cedar Hill

24D. LOCATION (City, town, or county) (State): Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972

25B. NAME OF REGISTRAR: Sidney J. Norton

25C. FUNERAL DIRECTOR — ADDRESS: Herbert E. Kutter 3035 W North Ave

VS 151-REV. 1/1/68

N875 11

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-536 | M.E. CASE NO. 72 11180 | Registered No. 72 11180

STATE OF MARYLAND—DHMH

1. NAME OF DECEASED (Type or Print): Louise Henderson

2. DATE AND HOUR OF DEATH: 11/21/72 | M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospitol or institution, give street address or location): 2111 Garrison Blvd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland | B. COUNTY: 1548
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rurol, give locotion): 2111 Garrison Boulevard

5. SEX	6. RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
female	black	widowed	7/10/1896	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
maid	Hochschild Kohn	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Corbin	Alice Jones

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	217 22 5418A	Vivian Stafford	2129 Braddishx Ave

MEDICAL CERTIFICATION

18. I 412.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the diseose, injury or complicotion which coused deoth.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO: Hypertensive Cardiovascular [illegible] Years
(B) DUE TO: [illegible] Years
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Persistent Ventricular Arrhythmia

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exoct locotion)

21D. TIME OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) ottended the deceased from January 19 68 to Nov 19 72, thot (I) (we) last sow the deceased alive on 10-25 19 72 and thot in(my) (our) opinion deoth occurred on the date ond hour and from the couses stated obove. (I) (We) (did) (did not) view the body ofter deoth.

23A. SIGNATURE: [signature] M.D. | Attending Phys. ☒ | Med. Director ☐ | Staff Phys. ☐ | 23B. DATE SIGNED: 11-22-72

23C. PHYSICIAN'S NAME (Type): Hilary O'Herlihy M.D. | 23D. ADDRESS: 325 Hospital Drive - Glen Burnie

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/25/72	Mount Auburn	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Sidney [illegible]	Herbert E. Nutter	3035 W. North Ave

VS 150-REV. 1/1/65

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72 11181 STATE OF MARYLAND-DHMH

G-200

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11181

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CALVIN GAUSE

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month — Day — Year — Hour

3. DATE PRONOUNCED DEAD — Month: November — Day: 22 — Year: 1972 — Hour: 12:35 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

46 LUTHERAN HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: 1506

6. SEX	7. RACE	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Male	Negro		Baltimore	YES ☐ NO ☐

9. DATE OF BIRTH	10. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.	E. STREET AND NUMBER
2-8-58	14			2819 W. North Avenue

11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Loris, S.C.	U.S.A.	David Gause Jr.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
student	-------	Marie Wilson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS
no	---	212706975	David Gause Jr.	2815 W. North Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E965 1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Gunshot wound of chest

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
2		yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	House	1800 Braddish Avenue 1506

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCCUR?
11-22-72 10:15 A.m.		Shot while playing card

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum Deputy M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/23/72

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-27-72	Maryland Nat'l Mem. Pk.	Laurel, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 27 1972	Audrey Thurston	V.R. Bailey Geo.G.Kelson F.H. 1348 N.Calhoun

VS 151-REV. 7/1/68

N 8734, 1 [illegible]

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-536 72 11182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11182

STATE OF MARYLAND—DEATH

1. NAME OF DECEASED (Type or Print): ALBERT HENDERSON

2. DATE AND HOUR OF DEATH: 11/25/72 | 8:20 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND HOSPITAL 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: ~~BAL~~ 1701
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 662 W. MULBERRY ST.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	N	[X] NEVER MARRIED	9/20/19	53		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SOUTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ELLIOTT HENDERSON
14. MOTHER'S MAIDEN NAME: Clara Able

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT / ADDRESS: Dorothy Henderson 662 W. Mulberry St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Cerebrovascular accident	13 days
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	EMBOLISM, ARRHYTHMIA OR HYPERTENSIVE EPISODE	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ACUTE MYOCARDIAL INFARCTION	18 days

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 7 19 72 to NOVEMBER 25 19 72 that (I) (we) last saw the deceased alive on NOVEMBER 25 19 72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Thomas E. Murphy Jr. MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/25/72
23C. PHYSICIAN'S NAME (Type): Thomas E. Murphy Jr. DEGREE
23D. ADDRESS: University Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/28/72	Mt. Auburn Cem	Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR / ADDRESS: Williams Funeral Home 919 N. Schroeder St

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E-263 | 72 11183 | REG. NO. 72 11183 | STATE OF MARYLAND-DEATH

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ECKERT, ARTHUR WARREN

2. DATE AND HOUR OF DEATH: 11/22/72 | 6 45 A.M.

CERTIFICATE AMENDED 11/28/72

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD. (FULL NAME OF HOSPITAL OR INSTITUTION, IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL, BALTIMORE, MD 21205

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND | B. COUNTY: ANNE ARUNDEL
C. CITY OR TOWN: PASADENA | D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 15 MAGNOLIA AVE

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
MALE	WHITE	MARRIED ☒	11-22-1924 ~~01-22-24~~	48		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
self-employed	maintence	Baltimore, MD.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John	Balk, Elizabeth

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
yes	WWII	unknown	Mr. Warren Eckert - 4121 Nimmetz Dr. Va. Beach Va. 23460

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 4329 I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It meons the diseose, injury or complicotion which caused deoth.)

(A) IMMEDIATE CAUSE: Occlusion (L) internal carotid artery
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Bottimore City, give exoct locotion)

21D. TIME OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED: While At Work ☐ / Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/19 1972 to 11/22 1972, that (I) (we) last saw the deceased alive on 11/22 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☒	Med. Director ☐	Staff Phys. ☐	23B. DATE SIGNED
Noble M. Hansen Jr.					11/22/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
NOBLE M. HANSEN	M.D.	THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/24/72	Horn Creek Cem.	Ritchie Co. W. Va.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Sidney J. Wootton	Geo. L. Schwob, Inc.	311 Frederick Ave

VS 150-REV. 1/1/68

1

SICU

11 22 72

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased pyor to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11/28/72 - B.C. of decedent. C-75507 - 1924.

1

STATE OF MARYLAND-DHMH

S-530 72 11184

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11184

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): JAMES SMITH

2. DATE OF DEATH: Known ☐ Estimated ☒ Month November Day 20 Year 1972 Hour M.

3. DATE PRONOUNCED DEAD: Month November Day 21 Year 1972 Hour 8:55 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 3211 Belair Road

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 841
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER 3211 Belair Road

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑

9. DATE OF BIRTH: 2/12/20
10. AGE (In years last birthday): 52
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.: 53

11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
14B. KIND OF BUSINESS OR INDUSTRY: —
15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW II
17. SOCIAL SECURITY NO.: 215-09-0124
18. INFORMANT: Lillian Smith ADDRESS: 1533 Bush St. 21230

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Fatty metamorphosis of liver

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/21/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/25/72
24C. NAME of CEMETERY or CREMATORY: Glen Haven - Conn.
24D. LOCATION (City, town, or county) (State): Glen Burnie Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Sidney Hinton
25C. FUNERAL DIRECTOR: Geo. L. Lefevre Jr.
ADDRESS: 201 Frederick Ave Balto. Md.

VS 151-REV. 3/1/68

1233

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. E-425 72 11185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11185

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) ELLISON, William	2. DATE AND HOUR OF DEATH 11/24/72 7:00 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 727 Druid Park Lake Drive 00	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 1301 C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ] E. STREET AND NUMBER: 727 Druid Park Lake Drive

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	Black	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8-4-1902	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	JANITOR	GRIMESLAND, N.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM ELLISON	MARTHA REDMOND

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		239-20-4641	Claudia Ellison, Wife	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

4127 I

(A) IMMEDIATE CAUSE: ARTERIO-SCLEROTIC CARDIO-VASCULAR DISEASE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
8			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from JAN 19 72 to NOV. 19 72, that (I) ~~(we)~~ last saw the deceased alive on 24 NOV. 19 72 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(Did)~~ (did not) view the body after death.

23A. SIGNATURE	Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]	23B. DATE SIGNED
Joshua R. Mitchell III M.D. DEGREE		25 NOV. 72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Joshua R. Mitchell III M. D. DEGREE	2202 Garrison Blvd., Balto., Md. 21216

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-29-72	CARVER MEMORIAL PK.	LAUREL. MARYLAND

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Sidney Whorton	MORTON & DYETT FUNERAL HOMES, Baltimore, Md.	1701 Laurens St 21217

VS 150-REV. 1/1/68

1

STATE OF MARYLAND-DHMH

BALTIMORE CITY HEALTH DEPARTMENT

D-151 72 11186

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11186

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Preston Davenport LEWIS

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 25 — Year: 72 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 25 — Year: 72 — Hour: 6:06 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital

42

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2798

6. SEX: male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 1-19-34

10. AGE (In years last birthday): 38

If Under 1 Yr. Months / If Under 24 Hrs. Days / Hours / Min.

E. STREET AND NUMBER: 4926 Denmore Avenue

11. BIRTHPLACE (State or foreign country): CHARLOTTEVILLE VA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROY R. DAVENPORT

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: LOTTIE WINSTON

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO

17. SOCIAL SECURITY NO.

18. INFORMANT: RUTH E. DAVENPORT ADDRESS: 4926 DENMORE AVE.

MEDICAL CERTIFICATION

E965.X

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Gunshot wound of abdomen

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): STREET

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 5000 blk. of Park Heights Avenue 2798

22D. TIME OF INJURY (APPROX.) (Month): 11 (Day): 25 (Year): 72 (Hour): unk. m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Subject was shot by unknown assailant

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Peter Lipkovic, M.D. M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/26/72

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 12-1-72

24C. NAME of CEMETERY or CREMATORY: MOUNT AUBURN CEMETERY

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR ADDRESS: MORTON & DYETT F. H. 1701 LAURENS ST.

VS 151-REV. 7/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. E-162 72 11187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11187

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): BEULAH (LICKEN) EVERSON

2. DATE AND HOUR OF DEATH: 11/26/72 | 7:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: LUTHERAN HOSPITAL 46
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1605
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 915 N. BENTALOU ST.

5. SEX: F
6. RACE: NEGRO
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5/12/12
9. AGE (In years last birthday): 60
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Lewis Thomas
14. MOTHER'S MAIDEN NAME: Ethel Brooks

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 218-22-5466
17. INFORMANT: Mr. Johnnie Everson - 915 - N. Bentalou ADDRESS St.

CAUSE OF DEATH

18. 4134 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Congestive Heart FAILURE. — 10 years
DUE TO, OR AS A CONSEQUENCE OF:
(B) ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE. — (Undetermined.)
DUE TO, OR AS A CONSEQUENCE OF:
(C) PNEUMONIA — FEW DAYS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/25/72 19 72 to 11/26 19 72
that (I) (we) last saw the deceased alive on 11/26 19 72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Labog M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/26/72
23C. PHYSICIAN'S NAME (Type): RENATO A. LABOG M.D. DEGREE
23D. ADDRESS: LUTHERAN HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11-30-72
24C. NAME of CEMETERY or CREMATORY: Saints Rest Camp.
24D. LOCATION (City, town, or county) (State): Dorsey Md.

25A. DATE REC'D. BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Morton E. Dyer F.H. ADDRESS 1701 Laurens St.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-325 72 11188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11188

STATE OF MARYLAND-DHMH

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Widgeon, William

2. DATE AND HOUR OF DEATH: 11-24-72 | 1635 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 39 Provident Hospital Liberty Heights AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: Baltimore 1304
C. CITY OR TOWN: Baltimore, MD. D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3504 Woodbrook AVE

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	Black		9-7-02	70				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed	Retired	Virginia, Eastville	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNK	UNK - Sarah Thomas

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No	212-09-0474	Mr. & Mrs. Anothony Hollins Parents (Same)

MEDICAL CERTIFICATION

18. I 1621

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Respiratory Insuff	
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Metastatic Bronchogenic CA	6 mo.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	? metastasis to cervical spine	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 11-6-72 19 to 11-24 19 72 that ~~(I)~~ (we) last saw the deceased alive on 11-24 19 72 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Willie Brooks, M.D. DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒	November 24, 1972

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Willie Brooks MD DEGREE	Provident Hospital Liberty Heights AVE

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-29-72	Western Star Cem.	Balto, Md

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Sidney Wharton	Morton Dyett F.H.	701 Druid Park St.

VS 150-REV. 1/1968

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11189

REG. NO. 72 11189

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print) PASquale SIMONE

2. DATE AND HOUR OF DEATH NOV. 26 1972 6PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

NORTH CHARLES GEN. HOSPITAL
BALTIMORE, MARYLAND 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

226 S HIGHLAND AVE. BALTO. MD 21224 U.S.A.

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 226 S HIGHLAND AVE. 2610

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
MALE	W	MARRIED ☑	10-8-90	82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED CONSTRUCTION WORKER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ITALY

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: ANTHONY SIMONE (Deceased)

14. MOTHER'S MAIDEN NAME: JOSEPHINE? (Deceased)

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 212-01-5185

17. INFORMANT: VINCENT PIETRO GIACOMO ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cachexia	
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Carcinoma of Pancreas	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-14-72 19 72 to 11-26 19 72 that (I) (we) last saw the deceased alive on 11-26-72 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 6:00 pm

23A. SIGNATURE: Eduardo C. Yatco MD. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 11-26-72

23C. PHYSICIAN'S NAME (Type): EDUARDO C. YATCO, M.D. DEGREE

23D. ADDRESS: NORTH CHARLE GEN. HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/29/72	Holy Redeemer	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972

25B. NAME OF REGISTRAR:

25C. FUNERAL DIRECTOR ADDRESS: Joseph N. Zannino, 263 S. Conkling Street

VS 150-REV. 1/1/68

1

R-500

72 11190 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. STATE OF MARYLAND-DEATH REG. NO. 72 11190

1. NAME OF DECEASED (Type or Print): Charles Ryan (Charles E Ryan)

2. DATE OF DEATH: Known ☒ Estimated ☐ Month 11 Day 21 Year 72 Hour M.

3. DATE PRONOUNCED DEAD: Month 11 Day 21 Year 72 Hour 1:45 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 465 Manse Ct.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1782

6. SEX: male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 12/25/90

10. AGE (in years last birthday): 81
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 465 Manse Ct.

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Ryan

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY: Race Track

15. MOTHER'S MAIDEN NAME: Annie

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): W W 1

17. SOCIAL SECURITY NO.: 215-18-6037

18. INFORMANT: Mrs Agnes Parker, 457 Watty Court ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I: Arteriosclerotic cardiovascular disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 1/2 y

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Peter Lipkovic M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/22/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11/27/72

24C. NAME of CEMETERY or CREMATORY: MT Auburn Cemetry

24D. LOCATION (City, town, or county) (State): Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972

25B. NAME OF REGISTRAR: Sidney [illegible] Norton

25C. FUNERAL DIRECTOR ADDRESS: Adolphus Halstead 1206 W North Ave

VS 151-REV. 1/1/68

1

B-450

72 11191 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11191

BIRTH NO. STATE OF MARYLAND—DEATH

1. NAME OF DECEASED (Type or Print): Robert Bloom

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 24 — Year: 72 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 24 — Year: 72 — Hour: 1:27 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4118 Park Heights Avenue

CERTIFICATE AMENDED 1-23-73

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 15 13

6. SEX	7. RACE	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
male	Negro		Balto.	YES ☐ NO ☐

9. DATE OF BIRTH	10. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months / Days / Hours / Min.	E. STREET AND NUMBER
11/8/12	60		4118 Park Heights Avenue

11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Winston, N C	U S A	Seaton Bloom

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
Disabled		Mattie

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
yes W W I		Mrs Earline Bloom, 4 009 Bellvue Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
12		Partial no Autopsy

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Partial Autopsy ☒ and that on this basis, death in my opinion resulted from: Noturol causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Peter Lipkovic, M.D. M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/25/72

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/29/72	Mt Auburn Cemetry	Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 27 1972	Sidney Jackson	Adolphus Halstead 1206 W north Ave

VS 151-REV. 1/1/68

1-23-1973--Letter from the Office of the Chief Medical Examiner, Peter Lipkovic, M.D., Assistant Medical Examiner hs

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner o: his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-536 72 11192

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11192

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Mary C. Schneider

2. DATE AND HOUR OF DEATH: November 25, 1972 | 1:47 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
St. Agnes Hospital
Wilkens and Caton Aves.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: BALTO 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [X]
E. STREET AND NUMBER: 2103 Gaybrook Rd. 21207

5. SEX: Female
6. RACE: Caucasian
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 6-5-99
9. AGE (In years last birthday): 73
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Miller
14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-14-3211
17. INFORMANT: D Mrs. Mary Jane Liberto 2103 Gaybrook Rd. ADDRESS 21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode al dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplicatian which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF: Acute Septal Thrombosis (R) Coronary artery
(B) DUE TO, OR AS A CONSEQUENCE OF: Peritonitis
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Md Qureshi DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type): DR QURESHI DEGREE
23D. ADDRESS: ST AGNES HOSPITAL Balto.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/29/72
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Sidney Silverstein
25C. FUNERAL DIRECTOR: Witzke, 1630 Edmondson Avenue ADDRESS 21228

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-435 72 11193

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11193

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): GWALTNEY CLARA

2. DATE AND HOUR OF DEATH: 11/23/72 | 1-00 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: South Baltimore General Hospital
IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION:

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2562
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2729 Round Rd

5. SEX: F
6. RACE: Black
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7-1407
9. AGE (In years last birthday): 65
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Theodore MARSHELL
14. MOTHER'S MAIDEN NAME: MAUD PARKER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) NO
If yes, give war or dates of service:
16. SOCIAL SECURITY NO. 218 18 6284
17. INFORMANT: Lilbern Gwaltney
ADDRESS: 2729 Round Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Bleeding from oesophageal Varicas	
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Cirhosis liver.	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No) NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 11-17- 1972 to 11-23 1972 that (I) (we) ~~have~~ last saw the deceased alive on 11/22 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Seeni MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11.23.72
23C. PHYSICIAN'S NAME (Type) SEENI DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/28/72
24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Sidney N Morton
25C. FUNERAL DIRECTOR: Lewis T. Gwynn
ADDRESS: 4517 Park Heights Ave.

VS 150-REV. 1/1/68

1

T-460

72 11194 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11194

BIRTH NO. STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): B. Howard A Taylor

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 24 — Year: 72 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 24 — Year: 72 — Hour: 8:15 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2841

6. SEX: male

7. RACE: Negro

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 2-20-40

10. AGE (In years last birthday): 32
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

E. STREET AND NUMBER: 4404 Fernhill Avenue

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles V. Taylor Sr.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Effie Moses

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.

18. INFORMANT — ADDRESS: Effie Haynie 4404 Fernhill Ave.

MEDICAL CERTIFICATION

E814.7

19. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fat embolism to lungs and brain
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Multiple injuries
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Reisterstown Road and Rockrose Avenue

22D. TIME OF INJURY (APPROX.) (Month) 11 (Day) 24 (Year) 72 (Hour) unk m.

22E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR? Subject struck by car while standing behind truck

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/25/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11-29-72

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park

24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972

25B. NAME OF REGISTRAR: Sidney [illegible]

25C. FUNERAL DIRECTOR — ADDRESS: Wm C March 928 E North Ave.

VS 151-REV. 7/1/68

12-15-1972 - Completion of cause of death on a pending medical examiner death certificate-
Peter Lipkovic, M.D. hs

1

K-400

72 11195 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. STATE OF MARYLAND-DHMH REG. NO. 72 11195

1. NAME OF DECEASED (Type or Print) JULIUS KELLY

2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year Hour

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
UNIVERSITY HOSPITAL

CERTIFICATE AMENDED 1-5-73

3. DATE PRONOUNCED DEAD Month Day Year Hour
November 20, 1972 8:15 P.M.

7. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 1302

6. SEX	7. RACE	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Male	Negro		Baltimore	YES ☐ NO ☐

9. DATE OF BIRTH	10. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.	E. STREET AND NUMBER
3-17-26	46					2226 Linden Avenue

11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
S.C.		Henry Kelly

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
Laborer		Hester Gaither

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
	248-14-0364	Harry Kelly 1300 Edenville Dr. District Hgts., Md.

MEDICAL CERTIFICATION

19. E988.1X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: ~~Meningitis~~ Bronchopneumonia and Meningitis
DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebral contusions
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
2		yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Street	700 Block N. Howard Street

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCCUR?
11-5-72 1:05 A.m.		Found on street

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☒

ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.

Deputy CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 11/21/72

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-25-72	Baltimore Cemetery	Balto., MD.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 27 1972	Audrey M. Wooton	Wm C March 928 E North Ave.

VS 151-REV. 1/1/68

N831.0

1-5-1973 - Letter from the Office of the Chief Medical Examiner, Ronald N. Kornblum, M.D.
Deputy Chief Medical Examiner hs

P-200 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 72 11196 REG. NO. 72 11196

STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): James Edward Page

2. DATE AND HOUR OF DEATH: 11/21/72 — 6 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Union Memorial Hospital 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore B. COUNTY: 1204
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 431 E. 20th St.

5. SEX: Male
6. RACE: negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH
9. AGE (In years last birthday): 67
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: LYNN PAGE
14. MOTHER'S MAIDEN NAME: RITA

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: VALERIE COOK ADDRESS: 2113 Greenmount Ave

MEDICAL CERTIFICATION

18. 4309 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Subarachnoid hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:

with GI bleeding.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/21 1972 to 11/21 1972, that (I) (we) last saw the deceased alive on 11/21 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: M. Shocair MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/21/72.
23C. PHYSICIAN'S NAME (Type): MAWYA SHOCAIR MD DEGREE
23D. ADDRESS: Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-28-72
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Anne Arundel Cty., Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Sidney [illegible]
25C. FUNERAL DIRECTOR: WM C MARCH ADDRESS: 928 E. North Ave

VS 150-REV. 1/1/68

1

T-300

72 11197 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11197

BIRTH NO. STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): CHARLES TWEEDY

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour

3. DATE PRONOUNCED DEAD: Month November Day 20, Year 1972 Hour 3:35 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 404 Taylor Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 25 31

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 3-17
10. AGE (In years last birthday): 75
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
E. STREET AND NUMBER: 404 Taylor Avenue

11. BIRTHPLACE (State or foreign country): VA.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Aden Tweedy

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT ADDRESS: Helen Johnson 404 Taylor Ave

MEDICAL CERTIFICATION

19. I 4124 + 1621
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH: Arteriosclerotic cardiovascular disease
(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Carcinoma of lung

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Peter Lipkovic M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/20/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-25-72
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cem.
24D. LOCATION (City, town, or county) (State): Anne Arundel Cty. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Sidney Winston
25C. FUNERAL DIRECTOR ADDRESS: Wm. C. Marth 928 E. North Ave

VS 151-REV. 1/1/68

1

J-520

72 11198 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

STATE OF MARYLAND-DHMH

REG. NO. 72 11198

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Celestine E. Jones

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 11 — Day: 23 — Year: 72 — Hour: 10:43 PM.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 23 — Year: 72 — Hour: 10:43P M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

33

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 802

6. SEX: Female
7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
9. DATE OF BIRTH: 8-25-48
10. AGE (In years last birthday): 24
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.:
E. STREET AND NUMBER: 1832 N. Port Street
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jesse Evans
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Hannah Breeden
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mrs. Hannah Hill — ADDRESS: 1832 N. Port Street

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E96 I X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of chest
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1900 blk. Collington Avenue 802
22D. TIME OF INJURY (APPROX.) — (Month): 11 — (Day): 23 — (Year): 72 — (Hour): 10:20 P m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? shot during argument

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [X] Undetermined manner [ ]

ACTUAL SIGNATURE: W P Mulloy M.D.
EXAMINER'S NAME (Type): William P. Mulloy, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: 11-24-72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-27-72
24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Sidney Wooton
25C. FUNERAL DIRECTOR: Wm C March — ADDRESS: 928 E North Ave.

VS 151-REV. 3/1/68

N 8351

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-326 — 72 11199 — BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.

CERTIFICATE OF DEATH

REG. NO. 72 11199

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): MRS MARY Stacharowski

2. DATE AND HOUR OF DEATH: 11-23-72 — 12:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME & Hospital
35

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: M.D. — B. COUNTY: USA — 104
C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: ~~Broadway~~ 2104 FLEET St.

5. SEX: F — 6. RACE: W — 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ — 8. DATE OF BIRTH: 4-27-96 — 9. AGE (In years last birthday): 76 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HoMeMaker — 10B. KIND OF BUSINESS OR INDUSTRY: — — 11. BIRTHPLACE (State or foreign country): POLAND — 12. CITIZEN OF WHAT COUNTRY? Amer. U.S.

13. FATHER'S NAME: MiChael DAMASZEWICZ — 14. MOTHER'S MAIDEN NAME: AGNES ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) NO — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 220 01 1576 — 17. INFORMANT: JAMES STACHAROWSKI — ADDRESS: 2104 FLEET St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Heart Attack — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 days.
DUE TO, OR AS A CONSEQUENCE OF:

(B) ASHD & Diabetes — Long Standing
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED — 20A. AUTOPSY? (Yes or No) — 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.) — 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ — 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-15 19 72 to 11-23 19 72 that (I) (we) last saw the deceased alive on 11-23-19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sajadi M.D., DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐ — 23B. DATE SIGNED: 11-23-72

23C. PHYSICIAN'S NAME (Type): R. SAJADI M.D. DEGREE — 23D. ADDRESS: CHURCH HOME & Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 24B. DATE: 11-28-72 — 24C. NAME of CEMETERY or CREMATORY: HOLY ROSARY — 24D. LOCATION (City, town, or county) (State): DUNDALK MD.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972 — 25B. NAME OF REGISTRAR: Audrey M. Norton — 25C. FUNERAL DIRECTOR: JOHN F. SON WEBER INC — ADDRESS: 401 So. CHESTER

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

U-615 — 72 11200

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11200

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): EMELIA S. URBANSKI

2. DATE AND HOUR OF DEATH: NOVEMBER 23, 1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3501 DUDLEY AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 103
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 515 S. MONTFORD AVE.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
FEMALE	WHITE	WIDOWED [X]	6-27-1899	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: TEOFIL KAPKOWSKI
14. MOTHER'S MAIDEN NAME: AGNES GODLEWSKI

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 2701-3837
17. INFORMANT: AMELIA ROMEO — ADDRESS: 3501 DUDLEY AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gen. METASTASIS — — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 MOS

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Carcinoma of Breast — 12 MOS

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		(No)	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [ ]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED — While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 19 59 to 11-23-72 19__ that (I) (we) last saw the deceased alive on 10-18-72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE AND DEGREE: Theodore F. Wiznik — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11-24-72
23C. PHYSICIAN'S NAME (Type) AND DEGREE: T. F. WIZNIK
23D. ADDRESS: 429 S Chester St 21231

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11-27-72	HOLY ROSARY CEM.	BALTIMORE, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Sidney Worton
25C. FUNERAL DIRECTOR: JOHN M. WEBER & SON'S — ADDRESS: 401 S. CHESTER ST.

VS 150-REV. 1/1/68

W-232 1

W-232 72 11201

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11201

STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): WESTCOTT, HAROLD. M.

2. DATE AND HOUR OF DEATH: 11/16/72 1:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY of MARYLAND HOSPITAL 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore Co. 2101
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1120 Sterrett St.

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH: 9/30/18
9. AGE (In years last birthday): 54 53 yrs
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lynchburg Va
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: John D. Wescott
14. MOTHER'S MAIDEN NAME: Eva Parrish

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-18-8155
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: CA PALATE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 month

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 9/12/72 11/14/72
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Difficulty Breathing
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/26/19 72 to 11/16/19 72.
that (I) (we) last saw the deceased alive on 11/16/19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/16/72
23C. PHYSICIAN'S NAME (Type): VARAH VORASUBIN M.D DEGREE
23D. ADDRESS: University of Maryland Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Nov. 24 72
24C. NAME of CEMETERY or CREMATORY: Mt Oliver
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Sidney [illegible]
25C. FUNERAL DIRECTOR: Hughes H
ADDRESS: Arthur Parker [illegible]

VS 150-REV. 1/1/68

B-500 72 11202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11202

STATE OF MARYLAND-DHMH

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANDREW FRANKLIN BENNIE

2. DATE AND HOUR OF DEATH November 11, 1972 | 10:50 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

2810 Alvarado Sq.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY 2757

C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER 2810 Alvarado Sq.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Male	White	[X] NEVER MARRIED	7/26/07	65				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tandem Mill Roller	Beth Steel Co	Penna.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Franklin Bennie	Laura Griffith

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	215096954	Mrs. Anita A. Bennie	2810 Alvarado Sq

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE Metastatic carcinoma to liver DUE TO, OR AS A CONSEQUENCE OF:	3 Months
	(B) Carcinoma of lung DUE TO, OR AS A CONSEQUENCE OF:	1971
	(C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov 1971 to Nov 11 1972, that (I) (we) last saw the deceased alive on Nov 11 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]	23B. DATE SIGNED
Harold H Burns			11-27-72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Dr. Harold H. Burns		8106 Harford Rd., Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/14/72	Moreland Cemetery	BaltimoreCo., Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 27 1972	Sidney [illegible]	Leonard J. Ruck Inc., Balto. Md. 21214

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased priar ta death); and (6) Na physician was in regular attendance an the deceased priar to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-451 72 11203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11203
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Anna Belle Slenbaker	2. DATE AND HOUR OF DEATH: 11-25-72 | C: 45P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 3710 Tudor Arms Ave. 21211	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md. B. COUNTY: 1307 C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ] E. STREET AND NUMBER: 3710 Tudor Arms Ave. 21211
5. SEX: F | 6. RACE: W | 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: 2-6-16 | 9. AGE (In years last birthday): 56 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk | 10B. KIND OF BUSINESS OR INDUSTRY: Md. Casualty	11. BIRTHPLACE (State or foreign country): Stephen, Va. | 12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Henry Hughes	14. MOTHER'S MAIDEN NAME: Viola Headley
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.: 217-09-3626 | 17. INFORMANT: Mr. Linwood J. Slenbaker | ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	1B. 174 X — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Carcenomatoses	
	(B) Carcenoma of breast DUE TO, OR AS A CONSEQUENCE OF:	Oct. 1969
	(C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	

19A. DATE OF OPERATION: 10/17/69	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcenoma of rt. breast	20A. AUTOPSY? (Yes or No): no	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?	

22. I certify that (I) (~~this hospital~~) attended the deceased from 10/21/69 19 to 11/25 19 72, that (I) (~~we~~) last saw the deceased alive on 11/24 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Reuben Hoffman, M.D. DEGREE — Attending Phys. [X] Mod. Director [ ] Staff Phys. [ ]		23B. DATE SIGNED: 11-27-72
23C. PHYSICIAN'S NAME (Type): Reuben Hoffman M.D. DEGREE	23D. ADDRESS: 846 W. 36th St.	

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 11-29-72	24C. NAME of CEMETERY or CREMATORY: Moreland Mem. Park	24D. LOCATION (City, town, or county) (State): Baltimore, Co. Maryland	
25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972	25B. NAME OF REGISTRAR: Sidney [illegible]	25C. FUNERAL DIRECTOR: Henry W. Jenkins Sons	ADDRESS: 4905 York Rd. Baltimore, Md. 21212	

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-650 72 11204

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. 11-25-72 REG. NO. 72 11204 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Kirwan, Mrs. Gertrude G.

2. DATE AND HOUR OF DEATH: 11-24-72 2:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Keswick
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 700 West 40th. Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
6 East Read Street 1102
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6 East Read Street

5. SEX	6. RACE	7. MARITAL STATUS	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	W	MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	9/28/77	95				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher-Sales	Education-Publish.	Westmoreland co. Virgina	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Samuel Garner	Caroline King

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	213-32-9372	(Keswick) Mrs. A. G. Warfield,	Woodbine, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cerebral Vascular Accident	Sudden
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Perfect Heart - Recurrent	7 months
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Osteoarthritis	12 yrs.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		No	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While At Work [ ] Not While At Work [ ]	

22. I certify that (I) (this hospital) attended the deceased from 2 Feb 19 71 to 24 Nov 19 72 that (I) (we) last saw the deceased alive on 24 Nov 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Clinton D. Richardson M.D. DEGREE	Attending Phys. [ ] Med. Director [X] Staff Phys. [ ]	24 Nov 1972

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
A. D. Richardson DEGREE	700 W. 40th St., Balto., Md.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Cremation	11-25-72	Greenmount	Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Sidney Winston	H. W. Jenkins & Sons Co.,	Balto., Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-650 72 11205

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11205
STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): MERRIAM ROSE M.

2. DATE AND HOUR OF DEATH: 11, 24, 72 at 9:35 minutes P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE UNION MEMORIAL HOSPITAL 4 4

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2748
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5622 LOCH RAVEN BLVD

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 12, 20, 95
9. AGE (In years last birthday): 76
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LIBRARIAN
10B. KIND OF BUSINESS OR INDUSTRY: U.S. GOVT.
11. BIRTHPLACE (State or foreign country): W. VIRGINIA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: CHARLES DURBIN
14. MOTHER'S MAIDEN NAME: McGRAW, MARY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-42-0041
17. INFORMANT: MISS BETTY MERRIAM
ADDRESS: 5622 LOCH RAVEN BLVD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

560.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: SEPTIC SHOCK
DUE TO, OR AS A CONSEQUENCE OF:
(B) MESENTERIC THROMBOSIS.
DUE TO, OR AS A CONSEQUENCE OF:
(C) SMALL BOWEL OBSTRUCTION PERI - TONITIS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 11, 24, 72
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: SMALL BOWEL OBSTRUCTION PERFORATION?
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 11, 23 19 72 to 11, 24 19 72, that ~~I~~ (we) last saw the deceased alive on 11, 24 19 72 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Nehdi Fakhra M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11, 24, 72
23C. PHYSICIAN'S NAME (Type): Nehdi Fakhra, M. D. DEGREE
23D. ADDRESS: Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/28/72
24C. NAME of CEMETERY or CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR ADDRESS: H. W. Jenkins & Sons Co. 4905 York Rd Balto., Md. 21212

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-000 72 11206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11206

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Lee, Flora

2. DATE AND HOUR OF DEATH: 11-21-72 | 9 45 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 90 Mt. Sinai Nursing Home
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4613 Park Heights Ave 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
4004 Gilto Rd 1509
C. CITY OR TOWN: Balto Md.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	C	WIDOWED ☑	[illegible]-88	84				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Rev W. W Payne	2401 Garrison

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE: Cerebral Hemorrhage	1 year
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Arteriosclerotic Heart Disease	2 years
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C) none	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). none	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this ~~hospital~~) attended the deceased from Aug 22 1970 to Nov 21 1972
that (I) (we) last saw the deceased alive on Nov 21 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys.	Med. Director	Staff Phys.	23B. DATE SIGNED
Manuel Levin	M.D.	☒	☐	☐	11/21/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
MANUEL LEVIN	M.D.	6101 PARK HGTS AVE BALTO MD 21215

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	11/25/72	Mt Auburn	Balto	Md

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	[signature]	Margaretta R. Brown	3106 Walbrook

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11207

STATE OF MARYLAND-DRAFT

BIRTH NO. C-624 72 11207

1. NAME OF DECEASED (Type or Print): ANNA CAROSELLA

2. DATE AND HOUR OF DEATH: NOVEMBER 20 1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 214 SOUTH HIGH STREET

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 302
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 214 SOUTH HIGH ST.

5. SEX: F.
6. RACE: W.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: NOV. 22-1889
9. AGE (In years last birthday): 82
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOMEMAKER
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): ITALY
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: MICHAEL PAPA
14. MOTHER'S MAIDEN NAME: THERESA DiVITO

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: —
17. INFORMANT: MRS. ELEANOR DiCICCO
ADDRESS: 214 S. HIGH ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Arteriosclerotic Heart — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 years
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 24 19 70 to Nov. 2 19 72, that (I) (we) last saw the deceased alive on Nov. 2 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE: MD
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11/21/72
23C. PHYSICIAN'S NAME (Type): NELSON C. SUN MD DEGREE
23D. ADDRESS: 301 ST. PAUL PLACE BALTIMORE MD

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11/24/72
24C. NAME of CEMETERY or CREMATORY: HOLY REDEEMER CEMETERY
24D. LOCATION (City, town, or county) (State): BALTIMORE MD.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Sidney Thornton
25C. FUNERAL DIRECTOR: RAYMOND L. KACZOROWSKI
ADDRESS: 2525 FLEET ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. A-536 72 11208

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11208 STATE OF MARYLAND-DRAFT

1. NAME OF DECEASED (Type or Print): Andrychowski Anthony

2. DATE AND HOUR OF DEATH: 250 AM 11-24-72 (25 AM M.)

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Church Home & Hospital
IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION:

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: 104
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 100 N Broadway

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-19-10
9. AGE (In years last birthday): 62
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10B. KIND OF BUSINESS OR INDUSTRY: Electrician
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY? Amer

13. FATHER'S NAME: Anthony Andrychowski
14. MOTHER'S MAIDEN NAME: Catherine Mayka

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) If yes, give war or dates of service: NO
16. SOCIAL SECURITY NO.: 213 09 4012
17. INFORMANT: MRS. ANNA ANDRYCHOWSKI ADDRESS: 2618 Hudson St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Diabetes Mellitus (Emia)	
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Diabetes Mellitus	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-17 1972 to 11-24 1972 that (I) (we) last saw the deceased alive on 2 AM 11-24 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sajadi M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11-24-72
23C. PHYSICIAN'S NAME (Type): SAJADI M.D. DEGREE
23D. ADDRESS: Church Home & Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/28/72
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Sidney S. Morton
25C. FUNERAL DIRECTOR: Raymond L. Kasprowski ADDRESS: 2525 East St.

VS 1S0-REV. 1/1968

62-09-15 JD

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-326 72 11209

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 62-09-15 72 11209

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): John Witkor

2. DATE AND HOUR OF DEATH: Nov 24, 1972 | 4:45 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
Baltomore City Hospitals
4940 Eastern Ave.
Baltimore, Md. 21224
31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1964 Haselmere Rd. 21222 005

5. SEX: Male
6. RACE: Caucasion
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 6/1/90
9. AGE (In years last birthday): 82
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Licorice factory
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 21210-3839
17. INFORMANT: BCH Records:
ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
162.1

(A) IMMEDIATE CAUSE: Probable peritonitis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 hours
DUE TO, OR AS A CONSEQUENCE OF:
with sepsis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Probable lung Ca with rib erosions
DUE TO, OR AS A CONSEQUENCE OF:

(C) Fecal impaction

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
None

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/25/72 1972 to Nov 24 1972 that (I) (we) last saw the deceased alive on Nov 24 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: K. Ludmerer DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/24/72
23C. PHYSICIAN'S NAME (Type): Kenneth M. Ludmerer DEGREE
23D. ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224 Baltimore City Hospitals

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11/ /72
24C. NAME of CEMETERY or CREMATORY: Holy Rosary Cemetery
24D. LOCATION (City, town, or county) (State): BALTIMORE MD

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Raymond L. Kaczorowski
ADDRESS: 2525 Fleet St.

VS 150-REV. 1/1/68

B-300 72 11210

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11210

STATE OF MARYLAND—DRAFT

1. NAME OF DECEASED (Type or Print) KENNETH B. BOOTH

2. DATE AND HOUR OF DEATH 26 NOVEMBER 72 1205 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: UNIVERSITY OF MD. HOSP. 38

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE ~~MD~~ MARYLAND B. COUNTY 21201 | 703

C. CITY OR TOWN BALTO. D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER 810 HARLEM AVE

5. SEX M 6. RACE B 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ SEP DIVORCED ☐ 8. DATE OF BIRTH 8-16-08 9. AGE (In years last birthday) 64 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LOT CHAUFFEUR 10B. KIND OF BUSINESS OR INDUSTRY TRUCKING 11. BIRTHPLACE (State or foreign country) GLOUCESTER CO VA 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Hayes BOOTH 14. MOTHER'S MAIDEN NAME VIRGINIA WILLIAMS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Yes (If yes, give war or dates of service) WWII 16. SOCIAL SECURITY NO. 218-09-2592 17. INFORMANT AGNES PAGE ADDRESS 1037 Edmondson Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	STROKE	
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	(2) CAROTID OCCLUSION	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	(2) HEMISPHERIC ISCHEMIA	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Fever - Pneumonia	

19A. DATE OF OPERATION — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED — 20A. AUTOPSY? (Yes or No) YES — 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) — 21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.) — 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ — 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/11 19 72 to 11/26 19 72 that (I) ~~(we)~~ last saw the deceased alive on 11/25 19 72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ ~~(did not)~~ view the body after death.

23A. SIGNATURE Allan Genut (did) DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ — 23B. DATE SIGNED 11/26/72

23C. PHYSICIAN'S NAME (Type) ALLAN GENUT DEGREE — 23D. ADDRESS UNIV OF MD HOSP. LOMBARD + GREENE STS.

24A. BURIAL CREMATION, REMOVAL (Specify) Burial — 24B. DATE 11/30/1 — 24C. NAME of CEMETERY or CREMATORY MT AUBURN — 24D. LOCATION (City, town, or county) BALTO MD (State)

25A. DATE REC'D BY HEALTH DEPT. NOV 27 1972 — 25B. NAME OF REGISTRAR Sidney Morton — 25C. FUNERAL DIRECTOR Binkert Nichols — ADDRESS 238 N. Gilmor St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

S-536 72 11211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11211

BIRTH NO.

REG. NO.

STATE OF MARYLAND—DEATH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): William Saunders

2. DATE AND HOUR OF DEATH: Nov 22-1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: Provident Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD B. COUNTY: 1301

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 727 Druid Pk. Lake Drive

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	Negro	[X] NEVER MARRIED	2-15-01	71				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cambridge MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-09-3911

17. INFORMANT: Maryl. Saunders ADDRESS: 727 Druid Pk Lake Dr

CAUSE OF DEATH

18. 410.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Myocardial Infarction	1 min dt
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Atherosclerosis, generalized	20 yrs
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Essential hypertension	

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY Ooccur?
	While At Work [ ] Not While At Work [ ]	

22. I certify that (I) (this hospital) attended the deceased from December 19 66 to November 19 72, that (I) (we) last saw the deceased alive on Nov. 14 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Faith B Davis MD DEGREE	Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]	11/24/72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Faith B. Davis MD DEGREE	4940 Eastern Ave. Baltimore MD 21224

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/26/72	Mt Auburn	Balto MD

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 27 1972	Sidney Wooton	Marshall D. Hayes	638 N Gilmor St

VS 130-REV. 1/71 AB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

H-100 BIRTH NO. 72 11212 REG. NO. 72 11212

STATE OF MARYLAND

CERTIFICATE AMENDED 11-29-72

1. NAME OF DECEASED (Type or Print): JEAN D. HOPE

2. DATE AND HOUR OF DEATH: Nov. 24 1972 1 10 45 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: South Ba Ho. Gen. Hosp
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3001 S. Hanover

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 25 62
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 802 Seagull Ave.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	Black	☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED	9-8-29	~~43~~		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nursing School	Custodian	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wallace Cann	Helen ~~[illegible]~~ Yorker

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
No		Helen McCrea 1322 N Fulton Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE: Pulmonary edema	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Acute myocardial infarction	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C) Coronary thrombosis	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Feb 10 1970 to Nov. 24 1972 that (I) (we) last saw the deceased alive on Nov. 11 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Colvin C. Carter M.D. DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒	Nov. 25, 1972

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Colvin C. Carter M.D. DEGREE	South Balto Gen. Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/1/72	Mt Auburn	Baltimore

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR / ADDRESS
NOV 27 1972	Sidney Weinstein	Bernard D. Hayes 6358 Gilmor St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11-29-1972 - Letter from South Baltimore General Hospital, signed by Melva G. Kellenbenz (Miss) Medical Records Librarian. HS

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-416 BC

BIRTH NO. 72-17293 72 11213

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11213

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): COLBERT, BABY [redacted] Girl

2. DATE AND HOUR OF DEATH: NOV 23, 1972 | 5.15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: UNIVERSITY OF MARYLAND HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): GREENE STREET BALTIMORE, MD 21201

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 21223 2002
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2551 W. FAIRMONT AVE

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
FEMALE	NEGRO		11/19/72	83 HOURS		3½		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		MARYLAND	USA

13. FATHER'S NAME: JEROME WILKINS

14. MOTHER'S MAIDEN NAME: GLORIA COLBERT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO			Jerome Wilkins	2740 Barone Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

I 7769

(A) IMMEDIATE CAUSE: CEREBRAL DAMAGE DUE TO
DUE TO, OR AS A CONSEQUENCE OF:
PROLONGED ASPHYXIA NEONATORUM

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3½ days.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): PREMATURITY

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOV 19 19 72 to NOV 23 19 72 that (I) (we) last saw the deceased alive on NOV 23 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Azad Cader DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: NOV 23, 1972

23C. PHYSICIAN'S NAME (Type): AZAD CADER M.D. DEGREE
23D. ADDRESS: UNIVERSITY HOSPITAL, BALTO, MD 21201

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/24/72	M S Davan	Bacro MD

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Audrey Anderton
25C. FUNERAL DIRECTOR: Markham P. Kemp ADDRESS: 638 S. Monroe St

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G-426 72 11214 REG. NO. 72 11214 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Helen Marvel Gallagher

2. DATE AND HOUR OF DEATH: Nov. 19, 1972 7:05 PM XXX.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
US Public Health Service Hospital
3100 Wyman Parkway
2x

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: PG 6600
C. CITY OR TOWN: Bladensburg
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 4215- 56th Ave.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	Caucasian	WIDOWED XX	2/27/04	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone operator
10B. KIND OF BUSINESS OR INDUSTRY: Prince Geo. Hospital Cheverly, Md.
11. BIRTHPLACE (State or foreign country): Washington, DC
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew M. Weedon
14. MOTHER'S MAIDEN NAME: Maud G. Railey

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 212-05-0372
17. INFORMANT: Lawrence K. Gallagher ADDRESS: 12013 Judson Rd. Wheaton Md.
Records--US PHS Hospital, Balto, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute bilateral pneumonitis, etiology unknown — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Days

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Acute myelomonocytic leukemia — Unknown

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Uremia, secondary to leukemia — Days

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		yes	yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 2 19 72 to Nov. 19 19 72, that (I) (we) last saw the deceased alive on Nov. 19 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE, DEGREE: Robert Wright MD — Attending Phys. ☐ Med. Director ☐ Staff Phys. XX
23B. DATE SIGNED: 11/20/72
23C. PHYSICIAN'S NAME (Type): Robert Wright, MD
23D. ADDRESS: US PHS Hospital Balto, Md. 21211

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-24-72	Arlington National	Arlington Va.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR
26C. FUNERAL DIRECTOR: Francis J. Collins
ADDRESS: 500 University Boulevard, W. Sil. Spr., Md.

VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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M-600 72 11215

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 72 11215

1. NAME OF DECEASED (Type or Print): Ralph Moore

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 23 — Year: 72 — Hour: 11:40 P.M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 23 — Year: 72 — Hour: 11:40 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1260 Armstead Way

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2634

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 6/12/1920
10. AGE (In years last birthday): 52
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.:

E. STREET AND NUMBER: 1260 Armstead Way

11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Moore

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rug Cleaner
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Alice Jenkins

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): yes — WW2
17. SOCIAL SECURITY NO.: 405 01 9836
18. INFORMANT: family — ADDRESS:

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cirrhosis of liver
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: W P Mulloy M.D.
EXAMINER'S NAME (Type): William P. Mulloy, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11-24-72

24A. BURIAL CREMATION, REMOVAL. (Specify): burial
24B. DATE: 11/28/72
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith
24D. LOCATION (City, town, or county) (State): Balto. County, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 27 1972
25B. NAME OF REGISTRAR: Sidney Workstone
25C. FUNERAL DIRECTOR: C. F. Evans & Son
ADDRESS: 8802 Harford Rd.

VS 151-REV. 1/1/68

1

72 11216

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11216

BIRTH NO. D-500

1. NAME OF DECEASED (Type or Print): EDWIN C. DUNN

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour

3. DATE PRONOUNCED DEAD: Month November Day 19 Year 1972 Hour 3:10 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 619 N. Grantley Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1608
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 619 N. Grantley Street

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: July 28, 1910
10. AGE (In years last birthday): 62
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

11. BIRTHPLACE (State or foreign country): Wakeforest N C
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Dunn
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machanic
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Kattie Baker
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) WWII
17. SOCIAL SECURITY NO. 216 05 2742
18. INFORMANT ADDRESS: Hilda Gatewood, 619 N Grantley St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Fatty Metamorphosis of Liver
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Peter Lipkovic M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/20/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11 24 72
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): A.A.CO. Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Audrey Thornton
25C. FUNERAL DIRECTOR: I L Brown & Son
ADDRESS: 123 W. Montgomery St

VS 151-REV. 1/1/68

11-28-1972 - Letter from the Office of the Chief Medical Examiner - Peter Lipkovic, M.D.
Assistant Medical Examiner HS

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-563 72 11217

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11217

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) Harry Clarence Chenworth — HARRY C. CHENWORTH

2. DATE AND HOUR OF ~~DEATH~~ Nov. 24- 1972 | 4:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

UNION MEMORIAL HOSPITAL 4 4

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: HARFORD 6200

C. CITY OR TOWN: Fallston D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: SCARFF ROAD

5. SEX	6. RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
MALE	WHITE		6-25-81	91				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Gen. farming	Maryland.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Chenworth	Eleanor Cook

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	---	213-38-8572	Mary R. Chenworth	Scarff Road Fallston, Md 21047

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Pneumonia	10 days
(A) DUE TO, OR AS A CONSEQUENCE OF:	Cerebral thrombosis	1 month
(B) DUE TO, OR AS A CONSEQUENCE OF:	Pneumonia	
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0	—	NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 11/19/19 72 to 11/24/19 72 that (I) ~~(we)~~ last saw the deceased alive on 11/24/19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Peter B. Joyce DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 11/24/72

23C. PHYSICIAN'S NAME (Type) DEGREE — 23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/27/72	Bel Air Mem. Gardens	Bel Air, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Audrey [illegible]	M. G. Kurtz 3rd.	Jarrettsville, Md. 21084

VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. I-521 / 72 11218 — REG. NO. 72 11218 — STATE OF MARYLAND, DEATH

1. NAME OF DECEASED (Type or Print): Harold E. Inskeep

2. DATE AND HOUR OF DEATH: November 25, 1972 | 4:15 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Good Samaritan Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland — B. COUNTY: Baltimore
C. CITY OR TOWN: Rosedale — D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1118 ½ Chesaco Ave.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	W	MARRIED ☒	4/11/16	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Conductor	Railroad	Ohio	U.S.A.

13. FATHER'S NAME: Howard Inskeep

14. MOTHER'S MAIDEN NAME: Minnie Stoma

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	213-07-2173	Jennie Inskeep	1118½ Chesaco, Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE / DUE TO, OR AS A CONSEQUENCE OF:	Pulmonary Embolus	5 hours.
(B) DUE TO, OR AS A CONSEQUENCE OF:	Deep Vein thrombosis	not known
(C)		

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Chronic Interstital Fibrosis — 7 years.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES	NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: White At Work ☐ / Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/19 19 72 to 11/25 19 72, that (I) (we) last saw the deceased alive on 11/25 19 72 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☑	23B. DATE SIGNED
Eugene J. Burbige	M.D.				11/25/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
EUGENE J. BURBIGE	M.D.	GOOD SAMARITAN HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/29/72	Gardens of Faith	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney [illegible]	Philip E. Grach	1211 Chesaco Ave

VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-5/6 72 11219 — REG. NO. 007655 72 11219 — STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): MILDRED S. LINEBERRY	2. DATE AND HOUR OF DEATH: 11/25/72 | 9:00 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTIMORE GENERAL HOSPITAL	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: MD. B. COUNTY: ANNE ARUNDAL 5200 C. CITY OR TOWN: GLEN BURNIE D. INSIDE CITY LIMITS? YES ☐ NO ☒ E. STREET AND NUMBER: RT 1 Box 189 A

5. SEX	6. RACE	7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	WHITE		6-27-08	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	Homemaker	Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN L. Leonard	MARY - Hawks

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT — ADDRESS
No	224-24-9116	ZELMER H. (HUSBAND) SAME AS ABOVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	CONGESTIVE HEART FAILURE	6 days.
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	MYOCARDIAL INFARCTION	15 days
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	CHRONIC BRONCHITIS AND ASTHMA	4 + YRS.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED — While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/8 19 72 to 11/25 19 72 that (I) (we) last saw the deceased alive on 11/25 19 72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑	23B. DATE SIGNED
Robert J. Bauer, M.D. DEGREE		11/25/72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
ROBERT J. BAUER, M.D. DEGREE	3001 S. HANOVER ST. BALTIMORE, MD.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/28/72	Gladeville Church Cemetery	Galax, Virginia

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR — ADDRESS
NOV 28 1972	Sidney Norton	McCully Funeral Home Mt. & Tick Neck Rds. Pas

VS 150-REV. 1/1/68

GSA 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-416 72 11220 REG. NO. 72 11220 STATE OF MARYLAND-BCHD

1. NAME OF DECEASED (Type or Print): KILBOURNE, MILDRED LOUISE

2. DATE AND HOUR OF DEATH: 11/25/72 6:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: ANNE ARUNDEL 5200
C. CITY OR TOWN: GLEN BURNIE D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 20 MARLEY NECK ROAD - 21061

5. SEX: FEMALE 6. RACE: CAUCASIAN 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10 24 17 9. AGE (In years last birthday): 55 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: LOUIS FIELDS

14. MOTHER'S MAIDEN NAME: LAURA (Unknown)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO ////////////////////

16. SOCIAL SECURITY NO.: 217-05-3847

17. INFORMANT: ST AGNES HOSPITAL RECORDS CATON AND WILKENS AVES BALTO MD 21229 ADDRESS

CAUSE OF DEATH

MEDICAL CERTIFICATION

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

1B. 572.8

(A) IMMEDIATE CAUSE: HEPATIC INSUFFICIENCY — DUE TO, OR AS A CONSEQUENCE OF:
(B) C ESOPHAGEAL VARICIES — DUE TO, OR AS A CONSEQUENCE OF:
(C) PORTAL CIRRHOSIS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that XX (this hospital) attended the deceased from 11 09 19 72 to 11 25 19 72, that XX (we) last saw the deceased alive on 11 25 19 72 and that in XX (our) opinion death occurred on the date and hour and from the causes stated above. X (We) (did) XXXX (did not) view the body after death.

23A. SIGNATURE: Robert W. Ashmore MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/26/72

23C. PHYSICIAN'S NAME (Type): ROBERT W. ASHMORE M.D. DEGREE
23D. ADDRESS: ST AGNES HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/29/72
24C. NAME of CEMETERY or CREMATORY: Glen Haven Mem. Park
24D. LOCATION (City, town, or county) (State): Glen Burnie, AA Co Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney Ashmore
25C. FUNERAL DIRECTOR: David Hawkins ADDRESS: Singleton Funeral Home Glen Burnie, Md.

VS 150-REV. 1/1/68

1

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

B-600 72 11221

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11221

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print) Benjamin Berry			2. DATE OF DEATH Known ☒ Estimated ☐	Month 11	Day 24	Year 72	Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			3. DATE PRONOUNCED DEAD	Month 11	Day 24	Year 72	Hour 5:00 a. M.
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) University Hospital			5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY				
6. SEX male	7. RACE Negro	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Leonardtown	D. INSIDE CITY LIMITS? YES ☐ NO ☒			
9. DATE OF BIRTH 4/23/1911	10. AGE (In years last birthday) 61	If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.	E. STREET AND NUMBER Route 2				
11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME MILTON BERRY				
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	14B. KIND OF BUSINESS OR INDUSTRY FARM		15. MOTHER'S MAIDEN NAME ANNIE GRAY				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	(If yes, give war or dates of service)	17. SOCIAL SECURITY NO. 213 12 2719	18. INFORMANT MRS. ANNIE MAE BERRY - SAME AS 5 C	ADDRESS			

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) IMMEDIATE CAUSE: Massive pneumonia

DUE TO, OR AS A CONSEQUENCE OF:

(B) Multiple injuries

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
		yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) State Route 243 - Leonardtown, Md.
22D. TIME OF INJURY (APPROX.) (Month) 11 (Day) 7 (Year) 72 (Hour) 11:00 a.m.	22E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR? Subject fell off tractor.

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Peter Lipkovic M.D.
EXAMINER'S NAME (Type) Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 11/25/72

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11/28/72	GALILLE CEMETERY	NR LOVEVILLE, MD.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney Winston	John M. Welch	JOHN M. WELCH - LEONARDTOWN, MD.

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-534 72 11222

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11222

STATE OF MARYLAND-DRAFT

1. NAME OF DECEASED (Type or Print): JEFFERSON DAVIS SWINDELL	2. DATE AND HOUR OF DEATH: Nov. 22, 1972 [illegible] M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Baltimore Gen. Hosp.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md. B. COUNTY: A.A. 5202 C. CITY OR TOWN: Pasadena D. INSIDE CITY LIMITS? YES ☐ NO ☒ E. STREET AND NUMBER: 186 Carroll Rd., Riviera Beach

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	Caucasian	NEVER MARRIED ☒	Oct. 1, 1897	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager	Credit Bureau	N. Carolina	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James E. Swindell	Sally Spencer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT — ADDRESS
No	217 01 6287	Harold F. Pugh, 188 Carroll Rd. Riviera Beach, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 410.9

(A) IMMEDIATE CAUSE: Acute myocardial infarction

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED — While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 20/72 19 to Nov. 22 19 72, that (I) (we) last saw the deceased alive on Nov. 20 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE — DEGREE	Attending Phys. ☒	Med. Director ☐	Staff Phys. ☐	23B. DATE SIGNED
R Lozada				11/22/72

23C. PHYSICIAN'S NAME (Type) — DEGREE	23D. ADDRESS
Ricardo Lozada, M.D.	1228 S. Charles St., Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/25/72	Glen Haven Cemetery	Glen Burnie, A.A.Co., Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR — ADDRESS
NOV 28 1972	Lindsay Whitting	George J. Gonce, 4001 Ritchie Hgwy. Baltimore, Md.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-260 72 11223 REG. NO. 72 11223 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Robert M.J.McGuire

2. DATE AND HOUR OF DEATH: November 22,1972 6:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 SOUTH BALTIMORE GENERAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 2534
C. CITY OR TOWN: Balto D. INSIDE CITY LIMITS? YES [XX] NO [ ]
E. STREET AND NUMBER: 3915 Fourth Street

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	White	NEVER MARRIED [X]	Sept 29,1909	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Civil Engineer		Balto,Md	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank McGuire	Catherine Halligan

15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	220=03=8861	Catherine McGuire	3915 4th Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does nat mean the mode af dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplicatian which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise ta the abave cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Hypertension Art C.V.Dis.	10 yrs +
DUE TO, OR AS A CONSEQUENCE OF: (B)		
DUE TO, OR AS A CONSEQUENCE OF: (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Diabetes Mellitus	8 yrs

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Nov 13 1954 to 11/22 1972, that (I) (~~we~~) last saw the deceased alive an 11/6 1972 and that in(my) (~~our~~) apinian death accurred an the date and haur and fram the causes stated abave. (I) (~~We~~) (~~did~~) (did not) view the bady after death.

23A. SIGNATURE: Lester A. Wall Jr MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] — 23B. DATE SIGNED: 11/24/72

23C. PHYSICIAN'S NAME (Type): LESTER A. WALL SR DEGREE — 23D. ADDRESS: 4300 N. Charles St Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/25/72	New Cathedral Cemetery	Baltimore,Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 28 1972	Sidney Johnston	George J.Gonce 4001 Ritchie Highway

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

R-260 BIRTH NO. 72 11224 REG. NO. X 72 11224

1. NAME OF DECEASED (Type or Print): Kenneth W. Rosier

2. DATE OF DEATH: Known [X] Estimated [ ] Month 11 Day 22 Year 72 Hour ___ M.

3. DATE PRONOUNCED DEAD: Month 11 Day 22 Year 72 Hour 7:15 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Balto. City Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Dundalk Balto.
D. INSIDE CITY LIMITS? YES [ ] NO [X]
E. STREET AND NUMBER: 84 Shipway Avenue

6. SEX: male
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. DATE OF BIRTH: June 25, 1915
10. AGE (In years last birthday): 57
If Under 1 Yr. Months ___ Days ___ If Under 24 Hrs. Hours ___ Min. ___
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Willie Rosier
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
14B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.
15. MOTHER'S MAIDEN NAME: Clara V. Alexandra
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.: 236-12-8648
18. INFORMANT (Wife) 84 Shipway ADDRESS: Mrs. Eileen A. Rosier, Dundalk, Md. 21222

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

412.1 I

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ___
DUE TO, OR AS A CONSEQUENCE OF:

(C) ___

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Peter Lipkovic M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: 11/22/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/25/72
24C. NAME of CEMETERY or CREMATORY: Meadowridge Memorial Park
24D. LOCATION (City, town, or county) (State): Dorsey, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR ADDRESS: John J. Duda, 7922 Wise Ave. Dundalk, Md.

VS 151-REV. 7/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 7-460 72 11225 REG. NO. 72 11225

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Ellen Fowler

2. DATE AND HOUR OF DEATH: 11/26/72 4:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1021 Hollins St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1803
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1021 Hollins St.

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	White		5/26/1883	89		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cashier	Hotel	Balto. Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Piercy	Fanny ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		216-03-3658	Milton Hubbard	2109 Linden Ave. 21227

MEDICAL CERTIFICATION

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I 1B. 4124 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAUSE: A S C V D	
	DUE TO, OR AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B): Pulmonary Emphysema	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C):	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		No	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Feb. 1967 to Sept. 1972, that (I) (we) last saw the deceased alive on Sept 5 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE, DEGREE	Attending Phys. ☑	Med. Director ☐	Staff Phys. ☐	23B. DATE SIGNED
J. C. Jimenez, DEGREE				11/27/72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
J. C. JIMENEZ	St. Agnes Medical Center

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/29/72	Baltimore Cemetery	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Audrey Jackson	John J. Cowan & Son Inc.	901 Hollins St. 21223

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. T-525 72 11226 REG. NO. 72 11226

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) XXXXXXXXXXXXXXXXXXXXXXXXXXXX WILLIAMINA THOMSON

2. DATE AND HOUR OF DEATH 11-24-72 1:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Hilton Nursing Home
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 3313 Rural St Balto, Md. 21216

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY BALTO 5300
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER 1526 Forest Park Ave

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Female	White		12/23/86	85 XXXX				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Glasgow Scotland	XXXXXXXX U.S.A. NO

13. FATHER'S NAME: William Mackie

14. MOTHER'S MAIDEN NAME: Catherine Grey

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-14-4171B

17. INFORMANT ADDRESS 21207
Mr. Charles B. Chandler, 1526 Forest Park Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Arteriosclerotic Cardiovascular Disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/15/70 19 to 11/24/72 19, that (I) (we) last saw the deceased alive on 11/24/72 19 and that In(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Holly Seidaker (Md) DEGREE — Attending Phys. ☐ Med. Director ☑ Staff Phys. ☐ — 23B. DATE SIGNED 11/24/72

23C. PHYSICIAN'S NAME (Type) Hollis Seidaker (MD) DEGREE — 23D. ADDRESS 1501 Greenspring Rd Balto Md 21209

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-27-1972	National Memorial Park	Falls Church, Virginia

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 28 1972	[illegible]	Howard H. Hubbard, 4107 Wilkens Ave. 2122°

VS 150-REV. 11/1968

1.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner ar his assistant if death occurred in a hospital and the body was released to the haspital by a medical examiner. Alsa, if the direct or contributing cause af death shaws: (1) An accident of any na'ure; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician wha pronaunced death was in regular attendance an the deceased priar ta death); and (6) Na physician was in regular attendance an the deceased prior to death. Such written appraval must be abtained before the remains are embalmed or final dispasition is made.

BIRTH NO. M-266 72 11227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11227

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) M. Elizabeth McCrory

2. DATE AND HOUR OF DEATH 11/24/72 12:50 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
St. Agnes Hospital
Wilkens and Caton Aves. 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore
C. CITY OR TOWN Balto D. INSIDE CITY LIMITS? YES [X] NO [xxx]
E. STREET AND NUMBER 1047 Craftwood Rd. 21228

5. SEX F
6. RACE W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [x] DIVORCED [ ]
8. DATE OF BIRTH 8-15-1897
9. AGE (In years last birthday) 75
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Maher
14. MOTHER'S MAIDEN NAME Sarah

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS Mr. Harry T. McCrory 1207 Canberwell Rd. 21228

MEDICAL CERTIFICATION

18. 410.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose, injury or complicotion which coused deoth.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE Acute Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertensive Arteriosclerotic
DUE TO, OR AS A CONSEQUENCE OF:
(C) Cardio Vascular Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Jan 1968 19 68 to Nov 24 19 72, that (I) (~~we~~) last saw the deceased alive on Nov 16 19 72 and that In(my) (~~our~~) opinion death occurred on the date and haur and fram the causes stated abave. (I) (~~We~~) (~~did~~) (did nat) view the body after death.

23A. SIGNATURE Mario J. Reda MD DEGREE
Attending Phys. [x] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED 11/25/72
23C. PHYSICIAN'S NAME (Type) Mario J. Reda, Sr. DEGREE
23D. ADDRESS 4016 Ritchie Highway, Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL
24B. DATE 11-27-72
24C. NAME of CEMETERY or CREMATORY Calvery Cemetery
24D. LOCATION (City, town, or county) (State) New York, New York

25A. DATE REC'D BY HEALTH DEPT. NOV 28 1972
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR ADDRESS 21229
Hubbard Funeral Home, Inc. 4107 WilkensAve.

VS 1S0-REV. 1/1/68

ADS 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-255 72 11228 REG. NO. 72 11228 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): WEIGMAN, HELEN LEONA
2. DATE AND HOUR OF DEATH: NOVEMBER 23, 1972 6:22 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL, WILKENS & CATON AVENUES, BALTIMORE, MARYLAND 21229
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: MARYLAND B. COUNTY: BALTIMORE — C. CITY OR TOWN: BALTIMORE — D. INSIDE CITY LIMITS? YES ☐ NO ☒ — E. STREET AND NUMBER: 2809 MANOFF ROAD
5. SEX: FEMALE
6. RACE: CAUCASIAN
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 10-25-04
9. AGE (In years last birthday): 68
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY?: UNITED STATES
13. FATHER'S NAME: WILLIAM W. MARSH
14. MOTHER'S MAIDEN NAME: EDITH KYSER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 216 60 7126
17. INFORMANT: Mr. John C. Priester, Box 287 K, Rt. 1 21061 ADDRESS — ST. AGNES HOSPITAL MEDICAL RECORDS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute pulmonary edema
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Anemia, Iron Deficiency
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Emphysema

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ☒ (this hospital) attended the deceased from NOVEMBER 21 19 72 to NOVEMBER 23 19 72, that ☒ (we) last saw the deceased alive on NOVEMBER 23 19 72 and that in ☒☒ (our) opinion death occurred on the date and hour and from the causes stated above. ☒ (We) (did) ☒☒☒☒☒ examine the body after death.

23A. SIGNATURE: Vincent H. Wang MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11/24/72
23C. PHYSICIAN'S NAME (Type): VINCENT H. WANG, M.D. DEGREE
23D. ADDRESS: ST. AGNES HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11-27-72
24C. NAME of CEMETERY or CREMATORY: MEADOWRIDGE MEMORIAL PARK
24D. LOCATION: WASH. BLVD. (City, town, or county): HOWARD (State): MARYLAND
25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: HUBBARD FUNERAL HOME
ADDRESS: 4107 WILKENS AVE. 21229

VS 150-REV. 1/1/68

55-61-65 h1
JD

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-452 72 11229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11229
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Charles H. Williams
2. DATE AND HOUR OF DEATH: November 24, 1972 5:45 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Baltimore City Hospitals
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4940 Eastern Ave., Baltimore, Md. 21224
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 701
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3002 E. Monument St.
5. SEX: Male
6. RACE: Caucasion
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 12/8/97
9. AGE (In years last birthday): 74
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber (Retired)
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John
14. MOTHER'S MAIDEN NAME: Elizabeth Newman
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-05-2845
17. INFORMANT: BCH Records, 4940 Eastern Ave, Baltimore, Md. 21224 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	hypoxia	43 yrs.
(B) DUE TO, OR AS A CONSEQUENCE OF:	Chronic obstructive lung disease	7 years
(C)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from October 24 1969 to November 24 1972 that (I) (we) last saw the deceased alive on Nov 24 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Marilee C. S. Cole MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: November 24 1972
23C. PHYSICIAN'S NAME (Type): Marilee C. S. Cole, M.D DEGREE
23D. ADDRESS: 4940 Eastern Ave Balto City Hospitals Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-28-72
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney M. Norton
25C. FUNERAL DIRECTOR: John C. Miller Inc-6415 Belair Rd.-21206 ADDRESS

VS 150-REV. 1/1/68

1-

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G-320 72 11230 REG. NO. 72 11230 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Edith M. Goetz
2. DATE AND HOUR OF DEATH: Nov. 23, 1972 1:30 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1410 E. Baltimore Street
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland; B. COUNTY: 301; C. CITY OR TOWN: Baltimore; D. INSIDE CITY LIMITS? YES [X] NO [ ]; E. STREET AND NUMBER: 1410 E. Baltimore Street
5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 3-14-1905
9. AGE (In years last birthday): 67 — If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress (Retired)
10B. KIND OF BUSINESS OR INDUSTRY: New Crystal Res.
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Graham Goetz
14. MOTHER'S MAIDEN NAME: Laura Winston
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-14-0283
17. INFORMANT — ADDRESS: M's. Gladys Hughes - 1410 E. Baltimore St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Generalized Metastases	4 mos.
(B) DUE TO, OR AS A CONSEQUENCE OF:	Carcinoma of the Lung	2 yrs
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): —
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED — While At Work [ ] — Not While At Work [ ]
21F. HOW DID INJURY OCCUR? -

22. I certify that (I) (this hospital) attended the deceased from 6/14 19 71 to Present 19 ____ that (I) ~~(we)~~ last saw the deceased alive on 9/20 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE AND DEGREE: [signature] M.D. — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/24/72
23C. PHYSICIAN'S NAME (Type): George J. Richards Jr. DEGREE
23D. ADDRESS: 6701 N. Charles St 21204

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 11-27-72
24C. NAME of CEMETERY or CREMATORY: Greenmount Crematory
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney Winston
25C. FUNERAL DIRECTOR — ADDRESS: John C. Miller Inc-6415 Belair Rd.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. D-324 72 11231 REG. NO. 72 11231

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Verna S. Ditzel

2. DATE AND HOUR OF DEATH: November 24, 1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33/99 Johns Hopkins Hospital (DOA)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 602
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2727 E. Jefferson Street

5. SEX: F. 6. RACE: W. 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 8/9/'93 9. AGE (In years last birthday): 79 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Phillips
14. MOTHER'S MAIDEN NAME: Liza Prichard

15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-74-2295
17. INFORMANT: Mr. Edward D. Ditzel ADDRESS: 4055 St. Monica Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Pulmonary Edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) ASCVD — 10 years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): N.R.I.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 1972 to Nov 21 1972, that (I) (we) last saw the deceased alive on Nov 21 1972 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Charles C MacMinn MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Nov 27, 1972
23C. PHYSICIAN'S NAME (Type): CHARLES C. MACMINN, MD DEGREE
23D. ADDRESS: 2900 E Baltimore St Balto Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/27/'72
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney J. Worton
26C. FUNERAL DIRECTOR: John A. Moran, Inc. ADDRESS: 3000 E. Baltimore St. Baltimore, Md. 21224

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-200 72 11232 REG. NO. 72 11232 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Clara A. Weis
2. DATE AND HOUR OF DEATH: November 26, 1972 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 2900 Pulaski Highway
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland; B. COUNTY: 601; C. CITY OR TOWN: Baltimore,; D. INSIDE CITY LIMITS? YES [X] NO [ ]; E. STREET AND NUMBER: 2900 Pulaski Highway
5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11/4/'72
9. AGE (In years last birthday): 100 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Marion Bell
14. MOTHER'S MAIDEN NAME: Margarite Barrett
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT — ADDRESS: Mrs. Elva C. Ruzicka 2900 Pulaski Hwy.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE: Arteriosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Senile Debilitation DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED — While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1972 to 11/26 1972, that (I) (we) last saw the deceased alive on 11/26 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE — Attending Phys. [X] Mod. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/29/72
23C. PHYSICIAN'S NAME (Typed): Andrew J. Ruzicka DEGREE
23D. ADDRESS: 2602 E. Baltimore St. Bal

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/29/'72
24C. NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR — ADDRESS: John A. Moran, Inc. 3000 E. Baltimore St. Baltimore, Md. 21224

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-422 — 72 11233

BIRTH NO. 72 11233

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

72 11233

REG. NO.

STATE OF MARYLAND-CITY

1. NAME OF DECEASED (Type or Print): RAYMOND MALCZEWSKI	2. DATE AND HOUR OF DEATH: 11-21-72 — 12 05 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MD. HOSPITAL 38	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: MD — B. COUNTY: Balto 5300 — C. CITY OR TOWN: BALTO. — D. INSIDE CITY LIMITS? YES [X] NO [ ] — E. STREET AND NUMBER: 6801 LINDEN AVE
5. SEX: M — 6. RACE: W — 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]	8. DATE OF BIRTH: 9-18-25 — 9. AGE (In years last birthday): 47 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTENANCE — 10B. KIND OF BUSINESS OR INDUSTRY: UNION VENDING CO.	11. BIRTHPLACE (State or foreign country): MARYLAND — 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN MALCZEWSKI	14. MOTHER'S MAIDEN NAME: FRANCES WEREDYCKI
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes — If yes, give war or dates of service): Korean Conflict	16. SOCIAL SECURITY NO.: 216-16-0814
17. INFORMANT: Mrs. Cecelia Santmyer — ADDRESS: 6801 Linden Ave, Baltimore Md	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause I(A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Hodgkins Disease	1 1/2 yrs
DUE TO, OR AS A CONSEQUENCE OF:		
(B)		
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION: 2	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No): YES	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?	

22. I certify that (I) (this hospital) attended the deceased from 10-18 19 72 to 11-21 19 72 that (I) (we) last saw the deceased alive on 10-21 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William E. Randall JR DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]		23B. DATE SIGNED: 11-21-72
23C. PHYSICIAN'S NAME (Type) DEGREE	23D. ADDRESS	

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 11-25-72	24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery	24D. LOCATION (City, town, or county) (State): Baltimore, Md.	
25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972	25B. NAME OF REGISTRAR: Sidney Weston	25C. FUNERAL DIRECTOR: Nicholas T. Matthews	ADDRESS: 3021 Eastern Ave, Baltimore, Md.	

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-432 72 11234 REG. NO. 72 11234 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Annie Catherine Holthaus

2. DATE AND HOUR OF DEATH: Nov. 22, 1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 724 S. Potomac St. Balto, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 101
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 724 S. Potomac St.

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	Caucasian		10/31/98	74				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Md.	USA

13. FATHER'S NAME: Samuel Kirby

14. MOTHER'S MAIDEN NAME: Annie Neal

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-28-9906

17. INFORMANT: Records US PHS Hospital, Balto, Md. ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. 412.9 I 250.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAUSE: Congestive heart failure	Terminal
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic cardiovascular disease	Many years
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Diabetes mellitus	Years

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		no	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 _____ to _____ 19 _____, that (I) (we) last saw the deceased alive on _____ 19 _____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: W. N. Krumholz DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED: 11/24/72

23C. PHYSICIAN'S NAME (Type): Walter Noah Krumholz, MD DEGREE 23D. ADDRESS: US PHS Hospital, Balto, Md. 21211

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-27-72	Oak Lawn Cemetery	Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 28 1972	Sidney M. Morton	Nicholas T. Matthews 3023 Eastern Ave, Baltimore, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. A-210 72 11235 REG. NO. 72 11235 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Ashby, Thomas M.

2. DATE AND HOUR OF DEATH: November 22, 1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
St. Agnes Hospital
Wilkens and Caton Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 4319 Alan Dr. Balto. County 5300
C. CITY OR TOWN: Balto., Md.
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 4319 Alan Dr.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	W	MARRIED ☒	5/1/16	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Correctional Office	State of Maryland	Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Unknown)	(Unknown)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes WWII	717-07-6636	Margaret R. Ashby	4319 Alan Drive Apt.A 21229

MEDICAL CERTIFICATION

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAUSE: cardiac arrythmia	
	DUE TO, OR AS A CONSEQUENCE OF: old M.I., ASCVD.	
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE				23B. DATE SIGNED
Eduardo C. Romero	M.D.	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☐	11-22-72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
BURIAL	11-25-72	Loudon Park Cemetery	Baltimore	Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	[illegible]	Hubbard Funeral Home, Inc.	4107 Wilkens Ave 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-420 72 11236 REG. NO. 72 11236 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Rufus Cobb Sauls

2. DATE AND HOUR OF DEATH: Nov. 22, 1972 7 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
US Public Health Service Hospital
3100 Wyman Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Tenn. B. COUNTY: V 30
C. CITY OR TOWN: Chattanooga
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3304 Dell Trail

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	Caucasian	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	4/7/01	71		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman- Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tenn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rufus C. Sauls
14. MOTHER'S MAIDEN NAME: Rowena Hutchinson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 409-20-7577
17. INFORMANT: Records- US PHS Hospital, Balto, Md. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Acute gastrointestinal hemorrhage	Days
DUE TO, OR AS A CONSEQUENCE OF:	Thrombocytopenia	Months
(B) DUE TO, OR AS A CONSEQUENCE OF:	Multiple myeloma	Years
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Acute bronchopneumonia	Weeks

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		yes	yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 13 19 72 to Nov. 22 19 72, that (I) (we) last saw the deceased alive on Nov. 22 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Vija L. Bauer, M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/22/72
23C. PHYSICIAN'S NAME (Type): Vija L. Bauer, MD DEGREE
23D. ADDRESS: US PHS Hospital, Balto, Md. 21211

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Nov. 25, 1972	Forest Hills Cem.	Hamilton, Tenn.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Lindsey Anderson
25C. FUNERAL DIRECTOR: Howard H. Hubbard Funeral Home, Inc. ADDRESS: 4107 Wilkens Ave. Baltimore, Maryland

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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46-34-84 JD 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. N-632 72 11237 REG. NO. 72 11237

STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): James Northcraft
2. DATE AND HOUR OF DEATH: 11-25-72 9:10 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Ave., Baltimore, Md. 21224 — 31
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: Maryland; B. COUNTY: 1538; C. CITY OR TOWN: Baltimore; D. INSIDE CITY LIMITS? YES [X] NO [ ]; E. STREET AND NUMBER: 3708 Sprindale Ave. 21216 007
5. SEX: Male
6. RACE: Caucasion
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 5- 29-03
9. AGE (In years last birthday): 69
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: Paint
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Northcraft
14. MOTHER'S MAIDEN NAME: Minerva Smith
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: BCH Records: ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. 519.317-519.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO, OR AS A CONSEQUENCE OF: of pneumococcal pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Chronic obstructive pulmonary disease

DUE TO, OR AS A CONSEQUENCE OF:

(C) Status post tuberculosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 21 19 22 to Nov 25, 19 22 that (I) (we) last saw the deceased alive on Nov 25, 19 22 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Volunk-Stone MSV DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/25/72
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Ave. Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/28/72
24C. NAME of CEMETERY or CREMATORY: Sunset Memorial Park
24D. LOCATION (City, town, or county) (State): Cumberland, Allegany, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney Jackson
FUNERAL DIRECTOR: Philip D. Wendt
ADDRESS: Wendt Funeral Home 121 Memorial Ave., Cumb., Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-534 72 11238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11238

STATE OF MARYLAND—DHMH

1. NAME OF DECEASED (Type or Print): Frank (Francis) George Schwindel

2. DATE AND HOUR OF DEATH: 11/25/72 | 10:10 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Hamilton Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2731
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4003 Biddison Lane

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	W	[X] NEVER MARRIED	7/4/1893	79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheet Metal Worker Ret.		Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Schwindel	Barbara -

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	216-01-4755	Mrs. Elizabeth Schwindel	same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Cardiac accident	Sudd.
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Arteriosclerosis	10 yrs
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Paralysis	20 yrs

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospitol) attended the deceased from 1951 to 11/26 1972, that (I) (we) last saw the deceased alive on 11/16/ 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Conrad L. Richter MD DEGREE	Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]	11/27/72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Conrad Richter MD DEGREE	3128 Harford Rd. Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/28/72	Gardens of Faith	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney J. Wooton	Leonard J. Ruck Inc.	Balto. Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-420 72 11239 REG. NO. 72 11239 STATE OF MARYLAND—DHMH

1. NAME OF DECEASED (Type or Print): William D. Welsh

2. DATE AND HOUR OF DEATH: 11/24/72 8 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 5010 Crosswood Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2741
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5010 Crosswood Road

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	White	[X] / [ ] / [ ] / [ ]	July 1, 1916.	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Printer	Sun Papers	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edwa rd J. Welsh	Ellen McCarry

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	W W 2	213-03-2775	Mrs. Ruth E. Welsh	(Same)

MEDICAL CERTIFICATION

18. 162.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Mucus Epidermoid Carcinoma of lung
DUE TO, OR AS A CONSEQUENCE OF:
(B) metastasis to mediastinum
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 11 mos

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Peripheral Vascular Insufficiency

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Jan 15 1959 to Nov. 24 1972, that (I) (~~we~~) last saw the deceased alive on Nov 23 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: H. V. Harbold MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Nov. 25, 1972
23C. PHYSICIAN'S NAME (Type): Harold V. Harbold MD DEGREE
23D. ADDRESS: 4706 Harford Rd. Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/27/72.	Parkwood Cemetery	Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 28 1972	Sidney J. Worton	Leona rd J. Ruck Inc. Balto. Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-241 72 11240 REG. NO. 72 11240 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) FRANCES McKillop Frances Mc Killop
2. DATE AND HOUR OF DEATH 11/25/72 12 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
UNION MEMORIAL HOSPITAL
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 202
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER 3333 N. Charles St.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	White	WIDOWED [X]	? 1/17/1900	~~Sx~~ 72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): companion. (HOMEMAKER)
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? American U.S.A.
13. FATHER'S NAME: ~~LASKER~~ ? LASKER
14. MOTHER'S MAIDEN NAME: Not known.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 218092332
17. INFORMANT: MRS. IDA LINDAUER ADDRESS 3605 Echodale Ave. Balto. Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Cardio - Respiratory arrest.
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF: R to myocardial Infarction
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		Yes.	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that ~~N~~ (this hospital) attended the deceased from 11/23/72 19 72 to 11/25/72 19 72, that ~~I~~ (we) last saw the deceased alive on 11/25/72 19 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~N~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: M. Shocair MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED 11/25/72.
23C. ~~PHYSICIAN'S~~ NAME (Type) MAWYA SHOCAIR MD DEGREE
23D. ADDRESS Union Memorial Hospital Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11/28/72.	NEW CATHEDRAL CEM.	BALTIMORE, Md.

25A. DATE RECD. BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Lindsay Anderson	LEONARD J. RUCK INC.	Balto. Md.

VS 150-REV. 1/1/68

1

STATE OF MARYLAND-DHMH

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

G-125 72 11241 REG. NO. 72 11241

BIRTH NO.

1. NAME OF DECEASED (Type or Print): IRENE F GIBSON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 11 Day 26 Year 1972 Hour 8:20 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2903 Chesley Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2757

6. SEX: female
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 11/7/1905
10. AGE (In years last birthday): 67
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.
E. STREET AND NUMBER: 2903 Chesley Ave.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William W. Gibson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Rose Campeggi

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.: 213-10-2062
18. INFORMANT: Mrs. Virginia C. Southard ADDRESS: 1212 Rd Gleneagle

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 4124

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 00
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 11-27-72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/29/72
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck Inc. 5305 Harford Rd.

VS 151-REV. 7/1/68

1

C-160 72 11242

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11242 REG. NO.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES COOPER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour

3. DATE PRONOUNCED DEAD: Month 11 Day 26 Year 1972 Hour 10:27a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
33 Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY 805

6. SEX: male
7. RACE: negro
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 12-10-48
10. AGE (In years last birthday): 23
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 1422 Darley

11. BIRTHPLACE (State or foreign country): S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Fortune Cooper

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Essie Anthony

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT ADDRESS: Herbert Wardell 1627 Darley Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Hanging

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): hospital
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Johns Hopkins Hospital 605

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-26-72 ? m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Hung self.

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S: Ronald Wardell M.D.
NAME (Type) Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED 11-27-72

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 11-30-72
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, town, or county) (State): Sumpter, S.C.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney Thurston
25C. FUNERAL DIRECTOR ADDRESS: Elliott Funeral Home 1129 N Carolina

VS 151-REV. 1/1/68

1

D-120 72 11243

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

72 11243

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Ivy Davis

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 25 — Year: 72 — Hour: 6 00 A.M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 25 — Year: 72 — Hour: 6 00 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
33 Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 703

6. SEX: female | 7. RACE: Negro | 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto. | D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 2-14-21 | 10. AGE (In years last birthday): 51 | If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 515 N. Patterson Park

11. BIRTHPLACE (State or foreign country): S. Carolina | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | 13. FATHER'S NAME: Robert Foster

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook | 14B. KIND OF BUSINESS OR INDUSTRY: Hospital | 15. MOTHER'S MAIDEN NAME: Rosa Walker

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No | 17. SOCIAL SECURITY NO. | 18. INFORMANT ADDRESS: James Davis-510 Catherine St.

MEDICAL CERTIFICATION

E965.4

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): Gunshot wound of abdomen and chest

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): SHOP

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Sub Shop- 1516 Harford Road 909

22D. TIME OF INJURY (APPROX.) — Month: 11 — Day: 24 — Year: 72 — Hour: 8:30p m.

22E. INJURY OCCURRED — WHILE AT WORK ☒ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?: Subject was shot.

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Peter Lipkovic M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/25/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 11-30-72 | 24C. NAME of CEMETERY or CREMATORY: Arbutus Mem Park | 24D. LOCATION (City, town, or county) (State): Arbutus Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972 | 25B. NAME OF REGISTRAR: Sidney Thornton | 25C. FUNERAL DIRECTOR ADDRESS: Elliott F.H. 1129 N. Caroline St.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-532 72 11211

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11211
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): HENRY COUNTS
2. DATE AND HOUR OF DEATH: 11.24.1972 | 12:25 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: CHURCH HOME AND HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 1904 OLIVER STREET, BALT.
C. CITY OR TOWN: CITY
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1904 OLIVER STREET
5. SEX: MALE
6. RACE: B
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 8-2-1897
9. AGE (In years last birthday): 75
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNEMPLOYED
10B. KIND OF BUSINESS OR INDUSTRY: Longshoreman
11. BIRTHPLACE (State or foreign country): SOUTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? AMERICAN
13. FATHER'S NAME: John COUNTS
14. MOTHER'S MAIDEN NAME: Caroline LANE
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 705 10 9137
17. INFORMANT: Nea I Counts - ADDRESS: 1626 N. Wolfe St.

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	TERMINAL CARCINOMA	~ 6 months
DUE TO, OR AS A CONSEQUENCE OF:	STOMACH	
(B) DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 1, 1972 to Nov. 24, 1972 that (I) (we) last saw the deceased alive on 24 Nov 19 72 hour and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Hadi Hakki DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): HADI I. HAKKI, M.D. DEGREE
23D. ADDRESS: CHURCH HOME AND HOSPITAL 100 N. BROADWAY BALT., MD. 21231

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE: 11-29-72
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State): Newberry Ct. S. Carolina

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney Thornton
25C. FUNERAL DIRECTOR: Elliott F.H. ADDRESS: 1129 N Caroline St.

VS 150-REV. 1/1/68

STATE OF MARYLAND-DHMH

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

P-626 72 11245 — 72 11245

BIRTH NO. — REG. NO.

1. NAME OF DECEASED (Type or Print): PEARL PARKER

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: November — Day: 17 — Year: 1972 — Hour: — M.

3. DATE PRONOUNCED DEAD — Month — Day — Year: November 17, 1972 — Hour: 2:24 PM.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): John Hopkins Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: 1001

6. SEX: Female

7. RACE: Negro

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 3-20-04

10. AGE (In years last birthday): 68

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 1003 E. Preston Street

11. BIRTHPLACE (State or foreign country): N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Lyons

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Anna Bobbett

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.:

18. INFORMANT — ADDRESS: Herbert Wiltz - 1003 E Preston St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I
(A) IMMEDIATE CAUSE: Bilateral pulmonary emboli
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION — 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED — 21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S Platt M.D.

EXAMINER'S NAME (Type): Marvin S. Platt, M.D.

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: November 18, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11-22-72

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem Park

24D. LOCATION (City, town, or county) (State): Arbutus, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972

25B. NAME OF REGISTRAR: Sidney [illegible]

25C. FUNERAL DIRECTOR — ADDRESS: Elliott Funeral Home - 1129 N. Carolina

VS 151-REV. 1/1/68

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72 11246 STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

7-236
BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11246

1. NAME OF DECEASED (Type or Print): JOHN G. FOSTER	2. DATE OF DEATH: Known [X] Estimated [ ] Month: November Day: 17 Year: 1972 Hour: M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital (DOA)	3. DATE PRONOUNCED DEAD: Month: November Day: 17 Year: 1972 Hour: 4:55 P M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 2798
6. SEX: Male	7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
9. DATE OF BIRTH: 12-2-58	10. AGE (In years last birthday): 14 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
	E. STREET AND NUMBER: 3709 Beehler Avenue
11. BIRTHPLACE (State or foreign country): Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	13. FATHER'S NAME: John Foster
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student	14B. KIND OF BUSINESS OR INDUSTRY:
	15. MOTHER'S MAIDEN NAME: Rose Lee Whitlock
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No	17. SOCIAL SECURITY NO.
	18. INFORMANT ADDRESS: Rose Lee Foster-3709 Beehler Ave

MEDICAL CERTIFICATION

E980 X

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) IMMEDIATE CAUSE: Shotgun wound of chest
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): Yes
22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): House	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Basement - 3617 Beehler Avenue
22D. TIME OF INJURY (APPROX.) (Month) 11-17-72 (Hour) 4:33 P.m.	22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	22F. HOW DID INJURY OCCUR? ?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [XX] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [X]

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: November 18, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 11-22-72	24C. NAME of CEMETERY or CREMATORY: Balto. Cemetery	24D. LOCATION (City, town, or county) (State): Balto. Md.
25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972	25B. NAME OF REGISTRAR: Sidney S Norton	25C. FUNERAL DIRECTOR ADDRESS: Elliott Funeral Home 1124 N Carolina	

VS 151-REV. 1/1/68

N8351

BIRTH NO. T-460 72 11217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11217

STATE OF MARYLAND DEMB

1. NAME OF DECEASED (Type or Print): Annie (AMMA) TAYLOR

2. DATE AND HOUR OF DEATH: 11-18-72 | 7:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Provident Hospital Inc.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2600 Liberty Height Ave. Baltimore, Md. 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 843
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 2718 E. PRESTON ST. BALTO. MD. 21216

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	B	WIDOWED [X]	6-15-98	74 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Dickerson
14. MOTHER'S MAIDEN NAME: Jennie Hatcher
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Betty Coleman ADDRESS: 320 Reisterstown Rd.

CAUSE OF DEATH

18. 4 10 9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Ventricular Arythmia
DUE TO, OR AS A CONSEQUENCE OF:

(B) Prob. Acute Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Coma 2° Subcortical damage

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 13 19 72 to Nov. 18 19 72 that (I) (we) last saw the deceased alive on Nov. 18 19 72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Virginia F. Mercado M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 11-18-72
23C. PHYSICIAN'S NAME (Type): VIRGINIA F. MERCADO M.D. DEGREE
23D. ADDRESS: Provident Hospital Inc.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-22-72	Arbutus Mem Park	Arbutus, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney Thornton
25C. FUNERAL DIRECTOR: Elliott Funeral Home ADDRESS: 1129 N Carol Ln ST

VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

72 11248

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

G-600

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11248

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print) John Gray	2. DATE OF DEATH Known ☒ Estimated ☐	Month 11	Day 16	Year 72	Hour 6:15 PM.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: 00 — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 138 N. Central Avenue	3. DATE PRONOUNCED DEAD	11	16	72	6:15 P. M.

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE Maryland B. COUNTY 510

6. SEX	7. RACE	8. MARITAL STATUS	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Male	Negro	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	Baltimore	YES ☒ NO ☐

9. DATE OF BIRTH	10. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.	E. STREET AND NUMBER
11-22-02	69					138 N. Central Avenue

11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
N. Carolina	U.S.A.	Unknown

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
Laborer		Mary Peaton

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS
Yes W.W.I.	243-16-3372	Ethel Gray	138 N. Central Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Chronic Lung Disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Arteriosclerotic cardiovascular disease

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
00		No

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE W P Mulloy M.D.
EXAMINER'S NAME (Type) William P. Mulloy, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 11-17-72

24A. BURIAL CREMATION REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	11-18-72		Greenville, N.C.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Audrey L. Norton	Elliott Funeral Home	1129 N Caroline St

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. T-460 72 11249 — REG. NO. 72 11249 — STATE OF MARYLAND FORM MH

1. NAME OF DECEASED (Type or Print): TYLER MARIE

2. DATE AND HOUR OF DEATH: 11-17-72 — 7:00 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Unviersity House
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 501 W. Franklin st.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND — B. COUNTY: 1701
C. CITY OR TOWN: BALTIMORE — D. INSIDE CITY LIMITS? YES [/] NO [ ]
E. STREET AND NUMBER: 501 W, Franklin st.

5. SEX	6. RACE	7. MARITAL STATUS	8. DATE OF BIRTH	9. AGE (In years / last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	N	MARRIED [ ] NEVER MARRIED [ ] WIDOWED [/] DIVORCED [ ]	7-26-02	70				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Horace Jones
14. MOTHER'S MAIDEN NAME: ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADMISSION RECORD — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Myocardial Infarct — Sudden
DUE TO, OR AS A CONSEQUENCE OF:
(B) A.S.C.V.D. — ?
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/17 19 72 to 11/17 19 72 that (I) (we) last saw the deceased alive on 11/17 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	Attending Phys. [/] Med. Director [ ] Staff Phys. [ ]	23B. DATE SIGNED
Joseph S. Blum MD DEGREE		11/17/72

23C. PHYSICIAN'S NAME (Type): JOSEPH S. BLUM MD DEGREE
23D. ADDRESS: 1114 N Calvert St

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-21-72	Mt. Auburn Cem.	Westport, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney Morton	Milton L. Dickerson	1129 N. Caroline St

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-452 72 11250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11250 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Sallie (SALLY) WILLIAMS
2. DATE AND HOUR OF DEATH: 11/18/72 2:45 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
   FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
   A. STATE: MARYLAND
   B. COUNTY: 301
   C. CITY OR TOWN: BALTIMORE
   D. INSIDE CITY LIMITS? YES [X] NO [ ]
   E. STREET AND NUMBER: 289 SPRING COURT
5. SEX: F
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 02-04-18
9. AGE (In years last birthday): 54
   If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): S. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: ROBERT HALSLEY
14. MOTHER'S MAIDEN NAME: ROSIE Strong
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Rev. J. Halsey ADDRESS: 3610 Rosedale Rd.

CAUSE OF DEATH

18. 398 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Rheumatic heart disease	40 yrs
DUE TO, OR AS A CONSEQUENCE OF:		
(B)		
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/17 19 72 to 11/18 19 72, that (I) (we) last saw the deceased alive on 11/18 19 72 and that In(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S. V. Neville MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/18/72
23C. PHYSICIAN'S NAME (Typed): STEPHEN V. NEVILLE MD DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE: 11-21-72
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State): Greensboro, N. C.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney Whorton
25C. FUNERAL DIRECTOR: Elliott Funeral Home ADDRESS: 1121 N. Carolina

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. R-163 72 11251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11251

STATE OF MARYLAND—DHMH

1. NAME OF DECEASED (Type or Print): Robertson, E L Ridge

2. DATE AND HOUR OF DEATH: Nov 22 1972 2 4/4 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1001
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1431 E. Preston Street

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	Negro	[X] NEVER MARRIED	11/30/09	62 61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	—	VA.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Robertson	Coroline Preston

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No		Clotelia McNair-1619 Hays Key Place

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. I 185 X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complicotion which coused deoth.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Cardiorespiratory arrest	
(B) DUE TO, OR AS A CONSEQUENCE OF:	Metastatic Carcinoma of prostate	3 years
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in or about home, form, foctory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Boltimore City, give exoct location)

21D. TIME OF INJURY (Month) (Doy) (Yeor) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify thot (I) (this hospitol) ottended the deceosed from 11/21 19 72 to 11/22 19 72, thot (I) (we) last saw the deceosed olive on 11/22 19 72 ond thot in (my) (our) opinion death occurred on the date ond hour and from the couses stoted obove. (I) (We) (did) (did not) view the body ofter deoth.

23A. SIGNATURE		23B. DATE SIGNED
Nelda Wray M.D. DEGREE	Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]	11/22/72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Nelda Wray, M.D. DEGREE	The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	11-25-72		Martinsville VA.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 28 1972	Audrey Johnston	Elliott Funeral Home—1129 N. Carolina

VS 150-REV. 1/1/68

1

B-650 -1-525

72 11252

STATE OF MARYLAND
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11252

BIRTH NO.

CERTIFICATE AMENDED (DOA) 1-5-73

1. NAME OF DECEASED (Type or Print) Johnson, LAWRENCE BROWN

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: November — Day: 17 — Year: 1972 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: November — Day: 17 — Year: 1972 — Hour: 6:15 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION — IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION
South Baltimore General Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 25-62

6. SEX: Male
7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [ ]

9. DATE OF BIRTH: 9-23-1954
10. AGE (In years last birthday): 17 18
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.
E. STREET AND NUMBER: 815 Seagull Avenue

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Robert L. Marble

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Betty Brown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.
18. INFORMANT: Betty Brown — ADDRESS: 815 Seagull Ave.

E963.X

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of head
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Sidewalk
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): In front of 815 Seagull Avenue 25-62
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-17-72 6:10 P.m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? ? Shot by unknown assailant

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [X] Undetermined manner [ ]

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: November 18, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-24-72
24C. NAME of CEMETERY or CREMATORY: Baltimore Cem.
24D. LOCATION (City, town, or county) (State): North Ave. & Milton Ave.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney Johnston
25C. FUNERAL DIRECTOR: Elliott Funeral Home
ADDRESS

VS 151-REV. 1/1/68

1-5-1973 - Letter from the Office of the Chief Medical Examiner, Marvin S. Platt, M.D.
Assistant Medical Examiner. hs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-452 72 11253 REG. NO. 72 11253 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): SLATER WILLIAMS
2. DATE AND HOUR OF DEATH: 11-17-72 12.00 p M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 MERCY HOSPITAL
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Md. B. COUNTY: 704
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2006 E. Madison St.
5. SEX: M 6. RACE: N. 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] 8. DATE OF BIRTH: 9-18-28 9. AGE (In years last birthday): 44 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.C. 12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Slater Williams 14. MOTHER'S MAIDEN NAME: Mary Hinton
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 430-9
17. INFORMANT: Josephine McCray ADDRESS:

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE: Cardiorespiratory failure — 1 hr.
DUE TO, OR AS A CONSEQUENCE OF:
(B): Intracerebral hemorrhage — 36 hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(C): Poss. berry aneurysm — ? Poss. Coag.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Pneumonia

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED — White At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-12 1972 to 11-17 1972, that (I) (we) last saw the deceased alive on 11-17 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE AND DEGREE: Gravagna MD — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: 11-18-72
23C. PHYSICIAN'S NAME (Type) AND DEGREE: G. VANEGAS, M.D. 23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 11-25-72 24C. NAME of CEMETERY or CREMATORY: MT. Auburn Cem. 24D. LOCATION (City, town, or county) (State): Westport, Md.
25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972 25B. NAME OF REGISTRAR: Sidney Winston
25C. FUNERAL DIRECTOR AND ADDRESS: E. H. Hall F.H. 1129 N. Caroline St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-652 72 11254 REG. NO 72 11254 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) CORNISH NATHAN

2. DATE AND HOUR OF DEATH 11/25/72 10:36 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Johns Hopkins Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore 704
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER 900 Rutland

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
MALE	NEGRO		03/04/95	77				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction - Retired - Chemical		Md.	U.S.A.

13. FATHER'S NAME HAMPTON CORNISH

14. MOTHER'S MAIDEN NAME EMILY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 215-07-7911

17. INFORMANT Helen Miller 2906 Lewellyn Ave. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE Expiration Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B) ? Had extensive pancreatic disease (A) Lung CA
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/25/72 19 to 11/25/72 19, that (I) (we) last saw the deceased alive on 11/25/72 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Ernest W. Arnett M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED 11/25/72

23C. PHYSICIAN'S NAME (Type) ERNEST W. ARNETT M.D. DEGREE — 23D. ADDRESS THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-30-72	Mt. Auburn Cem.	Westport, Md.

25A. DATE REC'D BY HEALTH DEPT. NOV 28 1972 — 25B. NAME OF REGISTRAR Sidney Winston — 25C. FUNERAL DIRECTOR ADDRESS Elliott Funeral Home - 1139 N. Carlton

VS 150-REV. 1/1/68

THE BODY OF NATHAN CORNISH HAS BEEN RELEASED AS NON MED BY DR LIPKOVIC OF THE MEDICAL EXAMINER'S OFFICE

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

72 11255 STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

J-250
BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11255
REG. NO.

1. NAME OF DECEASED (Type or Print): ROBERT JACKSON

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: November — Day: 18 — Year: 1972 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: November — Day: 18 — Year: 1972 — Hour: 8:07 P M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): John Hopkins Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 204

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 2-5-09
10. AGE (In years last birthday): 63
If Under 1 Yr. Months / If Under 24 Hrs. Days / Hours / Min.:

E. STREET AND NUMBER: 968 N. Chester Street

11. BIRTHPLACE (State or foreign country): S. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ?

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: —
15. MOTHER'S MAIDEN NAME: ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO
17. SOCIAL SECURITY NO.
18. INFORMANT: Leroy Jackson — ADDRESS: 1301 N. Dallas St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
I 412.2 — (A) IMMEDIATE CAUSE: Hypertensive cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Chronic obstructive pulmonary disease

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: November 19, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-25-72
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem.
24D. LOCATION (City, town, or county) (State): Westport Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Elliott Funeral Home
ADDRESS: 1129 N. [illegible]

VS 151-REV. 7/1/68

BIRTH NO. 7-626 72 11256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11256 STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): FRAZIER, ROBERT WESLEY, SR

2. DATE AND HOUR OF DEATH: NOVEMBER 24, 1972 1:35 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
VETERANS ADMINISTRATION HOSPITAL
3900 LOCH RAVEN BLVD
BALTIMORE, MARYLAND 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 2710
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 813 BEAUMONT AVENUE

5. SEX: MALE 6. RACE: NEGRO 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2-14-09 9. AGE (In years last birthday): 63 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK 10B. KIND OF BUSINESS OR INDUSTRY: STORE
11. BIRTHPLACE (State or foreign country): LYNCHBURG, VIRGINIA 12. CITIZEN OF WHAT COUNTRY?: UNITED STATES
13. FATHER'S NAME: JOHN T. FRAZIER
14. MOTHER'S MAIDEN NAME: ANNA W. BROWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): 4-14-44 to 11-18-45
16. SOCIAL SECURITY NO.: 220-01-1343
17. INFORMANT: VA HOSPITAL RECORDS, BALTIMORE, MD. 21218 ADDRESS

CAUSE OF DEATH

18. I 162.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Carcinoma of Lung, — DUE TO, OR AS A CONSEQUENCE OF: — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 mos
(B) metastatic to bone, liver — DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from OCTOBER 17 19 72 to NOVEMBER 24 19 72, that I (we) last saw the deceased alive on NOVEMBER 24 19 72 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mark H. Kasowitz M.D. DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED: 11/29/72

23C. PHYSICIAN'S NAME (Type): MARK KASOWITZ DEGREE 23D. ADDRESS: VA HOSPITAL 3900 LOCH RAVEN BLVD, BALTIMORE, MD. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 11-29-72 24C. NAME of CEMETERY or CREMATORY: Balto National Cem. 24D. LOCATION (City, town, or county): Balto. (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972 25B. NAME OF REGISTRAR: Sidney Sutton 25C. FUNERAL DIRECTOR: Elliott Funeral Home 1129 N. Gaudin ADDRESS

VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. A-352 72 11257 REG. NO. 72 11257

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): DELEGATE FLOYD B. ADAMS

2. DATE AND HOUR OF DEATH: NOV. 23rd 7.43 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: THE UNION MEMORIAL HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 907
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2541 KIRK AVENUE

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	N	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	12-28-11	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
STATE LEGISLATOR	U.S. Gov't. of Md.	PRINCE EDW. COUNTY VA.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FLOYD ADAMS	VIOLA BELL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	213-07-5805	THELMA E. ADAMS	SAME

CAUSE OF DEATH

	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. I 410.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
(A) IMMEDIATE CAUSE: Poss. Acute Coronary Occlusion	
DUE TO, OR AS A CONSEQUENCE OF:	
(B) SEVERE ARTERIOSCLEROSIS	
DUE TO, OR AS A CONSEQUENCE OF:	
(C)	
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOV. 22nd 1972 to NOV 23RD 1972, that (I) (we) last saw the deceased alive on NOV 23RD 1972 and that to(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE: Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): ANDRES SUAREZ, M.D. DEGREE 23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11/27/1972	Md. Nat. Mem. Park	Laurel, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 28 1972	Audrey M. Norton	Elliott Funeral Home

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. A-253 72 11258 REG. NO. 72 11258

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Asendorf, Mrs. Cora — Cora Asendorf

2. DATE AND HOUR OF DEATH: 11/27/72 — 5:55 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 6300
C. CITY OR TOWN: Ellicott City Baltimore 21043 D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2937 Southview Rd.

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	W		11/05/90	82				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife		Balto. Maryland	

13. FATHER'S NAME: August Hoffmeister

14. MOTHER'S MAIDEN NAME: Marguerita Ruppel

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		215-05-1907	Mr. E. Howard Asendorf	2937 Southview Rd Ellicott City Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	C.V.A. POSSIBLE CEREBRAL HEMORRHAGE	2 DAYS
DUE TO, OR AS A CONSEQUENCE OF:		
(B) DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
—	—	No	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?
—	—	—

22. I certify that (I) (this hospital) attended the deceased from 11/25 19 72 to 11/27 19 72 that (I) (we) last saw the deceased alive on 11/27 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☑	23B. DATE SIGNED
[signature]	M.D.				11/27/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
CUAIHAN	M.D.	BON SECOURS HOSP 2025 W. FAYETTE, Baltimore, Md. 21223

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/29/72	Loudon Park	Frederick Rd Balto. Md.

25A. FILED BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Bridget Norton	Harry Witzke Funeral Home of Howard County	Ellicott City Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

F-326 72 11259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11259

STATE OF MARYLAND

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Paulmie J Fitzgerald

2. DATE AND HOUR OF DEATH: 11/27/72 | 9 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 Md. General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: Baltimore 2534
C. CITY OR TOWN: XXXXXXXXXXXX D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 620 Aldershot Rd. 21229

5. SEX: F | 6. RACE: W | 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH: 4/30/08 | 9. AGE (In years last birthday): 64 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Late Gorsuch
14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Chart Mr. Henry Fitzgerald, ADDRESS: 620 Aldershot Road 21228

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Multiple metastases	5 mos.
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Breast carcinoma	1 yr.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: | 20A. AUTOPSY? (Yes or No): No. | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 11/16 19 72 to 11/27 19 72
that (I) (we) last saw the deceased alive on 11/27 19 72 and that in(my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: James H Biddison, DEGREE: MD | Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ | 23B. DATE SIGNED: 11/29/72
23C. PHYSICIAN'S NAME (Type): JAMES H. BIDDISON, DEGREE: MD | 23D. ADDRESS: Md. General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/29/72	Lorraine Park Cemetery	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972 | 25B. NAME OF REGISTRAR: Sidney J. Worton | 25C. FUNERAL DIRECTOR: 1630 Edmondson Ave., ADDRESS: 21228 Witzke Catonsville Funeral Dr.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

H620 Dorchester 72 11260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11260 STATE OF MARYLAND-DHMH

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Approved by medical examiner

1. NAME OF DECEASED (Type or Print): Baby Boy Harris

2. DATE AND HOUR OF DEATH: 11/21/72 | 1 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospital 4940 Eastern Ave. Baltimore, Md. 21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Dorchester 5900
C. CITY OR TOWN: Vienna
D. INSIDE CITY LIMITS? YES ☐ NO ☒
5. STREET AND NUMBER: Route 1 Box 244 Vienna Md.

5. SEX: Male
6. RACE: Caucasian
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-20-72
9. AGE (In years last birthday): 0
If Under 1 Yr. Months: Days: 1 | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10B. KIND OF BUSINESS OR INDUSTRY: INFANT
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Donald Harris
14. MOTHER'S MAIDEN NAME: BARBARA ANN Murphy

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT ADDRESS: BCH Records: 4940 Eastern Ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Hypoxia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
(B) Respiratory Distress Syndrome
DUE TO, OR AS A CONSEQUENCE OF:
(C) Premature birth at 32 weeks.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: None
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): None
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): None
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? None

22. I certify that (I) (this hospital) attended the deceased from 11/21/72 19__ to 11/21 19 72 that (I) (we) last saw the deceased alive on night of 21st alive 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: K DeLuca M.B, Ch.B DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/21/72
23C. PHYSICIAN'S NAME (Type): K, DeLuca M.B. Ch B. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Ave. Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/24/1972
24C. NAME of CEMETERY or CREMATORY: Hebron Cemetery
24D. LOCATION (City, town, or county) (State): Hebron, Wicomico Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney [illegible]
25C. FUNERAL DIRECTOR: Hill-Baker-Bounds ADDRESS: Salisbury Md. Funeral Home

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

P-463 72 11261

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. | REG. NO. 72 11261 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Mary C. Pollard
2. DATE AND HOUR OF DEATH: 11-26-72 | 5:50 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: ∞ — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1507 Mulliken Ct.
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland — B. COUNTY: 605 — C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES [XX] NO [ ] — E. STREET AND NUMBER: 1507 Mulliken Ct.
5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [XX] DIVORCED [ ]
8. DATE OF BIRTH: 2-7-15
9. AGE (In years last birthday): 57 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Henderson
14. MOTHER'S MAIDEN NAME: Corrie Scruggs
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Maggie Bell — ADDRESS: 811 N. Monford St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: LIVER FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 MONTHS
DUE TO, OR AS A CONSEQUENCE OF:
(B) METASTATIC CARCINOMA PANCREAS
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): NONE

19A. DATE OF OPERATION: 10-17-72
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: OBSTRUCTIVE JAUNDICE
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED — While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from MARCH 19 72 to NOV 19 72 that (I) (we) last saw the deceased alive on NOV. 24 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard M. Hunt MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11-29-72
23C. PHYSICIAN'S NAME (Type): RICHARD M. HUNT JR. MD DEGREE
23D. ADDRESS: 1031 ASQUITH ST BALT.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-29-72
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney Johnston
25C. FUNERAL DIRECTOR: Wm. C. March — ADDRESS: 928 E. North Ave.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. J-250 72 11282 REG. NO. 72 11282 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): JACKSON, MARTHA

2. DATE AND HOUR OF DEATH: NOV. 26, 1972 1 PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 2600 Liberty Height Ave. Baltimore, Md. 21215 39 PROVIDENT HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: BALTIMORE, Md
B. COUNTY: 1402
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 543 McMechen ST.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Female	Negro		9-9-14	58				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
UNEMPLOYED		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Jackson	Moriah Jefferson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		216-32-1829	LEO CAMPBELL	543 McMechen St. BALT.

MEDICAL CERTIFICATION

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH
1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	R/O Subdural Hematoma	
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:		
(B) DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		YES	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work / Not While At Work	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOV. 22 19 72 to NOV. 26 19 72 that (I) (we) last saw the deceased alive on NOV 26 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys.	Med. Director	Staff Phys.	23B. DATE SIGNED
Hernandez, Iluminada		[ ]	[ ]	[X]	Nov. 26, 1972

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
ILUMINADA HERNANDEZ		PROVIDENT HOSPITAL 2600 Liberty Hei

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-1-72	Mt. Auburn Cem.	Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney [illegible]	V. Bailey Kelson F.H.	1348 Calhoun Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-152 72 11263

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11263
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Elsie Robinson

2. DATE AND HOUR OF DEATH: 11-26-72 | 9 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2509 McCulloh Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1303
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2509 McCulloh Street

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	Negroid	WIDOWED [X]	10-29-08	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher	Balto. Sch. Syst.	Maryland	U.S.A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	212013233	Charlotte Pullay	24 E. Eager St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

I
(A) IMMEDIATE CAUSE: Hypertension Cardio Vas. Dis. — DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 4-5 1968 to 10-6 1972, that (I) (we) last saw the deceased alive on 10-6 1972 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: McDonald Bando, M.D. DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11-27-72
23C. PHYSICIAN'S NAME (Type): McDONALD BANDO, M.D. DEGREE
23D. ADDRESS: 2456 McCULLOH ST-BALTIMORE, MD., 21217

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-30-72	New Catheral Cemetery	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney L. Norton	V. Bailey Kelson F.H.	1348 N. Calhoun Street

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-130 72 11264

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11264

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): SPEED, George

2. DATE AND HOUR OF DEATH: 11/26/72 | 4:25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Balto 905
C. CITY OR TOWN: Balto D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1449 Homestead Street

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	N		12/02/14	57 58				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Balto Md	USA

13. FATHER'S NAME: Dewey Mosby

14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes	1942-45		Mrs Mildred Smith	1449 Homestead St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE		
DUE TO, OR AS A CONSEQUENCE OF:	R/O Pulmonary embolus	30 min
(B)		
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: hx of adenoca of lung — 1969

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
no		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/19/72 19__ to 11/26 19 72 that (I) (we) last saw the deceased alive on 11/25 19 72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
David F. Thomashow, M.D. DEGREE	Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐	11/26/72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
David Thomashow M.D. DEGREE	1600 E 32nd St Balto Md

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
12/2/72	Burial	Mt Calvary Cemetry	Annurundel County Md

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 28 1972	[illegible]	Adolphus Halstead 1206 W North AVe

VS 150-REV. 1/1/68

1

72 11265 STATE OF MARYLAND—DEATH

BALTIMORE CITY HEALTH DEPARTMENT

C-400

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11265

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Jerry Clay

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 25 — Year: 72 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 25 — Year: 72 — Hour: 10:25 P M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2515 Woodbrook Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1001

6. SEX: male | 7. RACE: Negro | 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto. | D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 1935 | 10. AGE (In years last birthday): 36 | If Under 1 Yr. or Under 24 Hrs. Months / Days / Hours / Min.

E. STREET AND NUMBER: 1213 Ensor St.

11. BIRTHPLACE (State or foreign country): Baltimore, Md | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charles Clay

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 14B. KIND OF BUSINESS OR INDUSTRY: Construction

15. MOTHER'S MAIDEN NAME: Bertha Chase

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | 17. SOCIAL SECURITY NO.

18. INFORMANT: Mrs McBride, Same | ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

303.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute alcohol intoxication

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | 22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | 22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m. | 22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/26/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 11/30/72 | 24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetry | 24D. LOCATION (City, town, or county) (State): Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972 | 25B. NAME OF REGISTRAR: [signature] | 25C. FUNERAL DIRECTOR: Adolphus Halstead | ADDRESS: 1206 W North Ave

VS 151-REV. 3/1/68

12-1-1972 - Letter from the Office of the Chief Medical Examiner,
Peter Lipkovic, M.D., Assistant Medical Examiner HRS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

P-500 BIRTH NO. 72 11266 REG. NO. 72 11266 STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Mrs. Fannette W. Penn
2. DATE AND HOUR OF DEATH: 11-16-72; 2 40 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Union Memorial Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: HOWARD 6300
C. CITY OR TOWN: Columbia
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 9326 Hellenbrook Road
5. SEX: F
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 5-13-92
9. AGE (In years last birthday): 80
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: E.T. Walker
14. MOTHER'S MAIDEN NAME: Eugenia Walker
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: CARDIO-RESPIRATORY ARREST.
DUE TO, OR AS A CONSEQUENCE OF:
(B) ASCVD WITH CONGESTIVE HEART FAILURE + PNEUMONIA - — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sep 1972
DUE TO, OR AS A CONSEQUENCE OF:
(C) Fx OF (R) HIP — Sep 1972

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11 | 03 | 1972 to 11 | 16 | 72 19, that (I) (we) last saw the deceased alive on 11 | 15 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11 | 16 | 72
23C. PHYSICIAN'S NAME (Type): ALFONSO J. GUZMAN, MD DEGREE
23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/21
24C. NAME of CEMETERY or CREMATORY: Rosedale Memorial Park
24D. LOCATION (City, town, or county) (State): Washington D. C.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney L. Norton
25C. FUNERAL DIRECTOR ADDRESS: Luther H Carroll

VS-1 REV. 11/69

R-520 72 11267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11267

STATE OF MARYLAND-DEPT

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELEY RANCY

2. DATE AND HOUR OF DEATH: 11/26/72 1:11 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Harbor View Nursing Home
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 2409 Riesterstown Rd. 1304
C. CITY OR TOWN: Baltimore, Md.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2409 Riesterstown Rd.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	Negro	☐ / ☑ / ☐ / ☐	2/16/99	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Hertford NC.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.		213-01-4202A	Carrie Eley	2409 Riesterstown, Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Carcinoma, Floor of Mouth,	1 yr.
DUE TO, OR AS A CONSEQUENCE OF:	Generalized Metastasis	
(B)	Carcinoma, Prostate	2 yr.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-22 19 72 to 11-26 19 72 that (I) (we) last saw the deceased alive on 11-26 19 72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rolando V Hoop MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11/27/72
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/1/72	Md. National Mem. Park	Laurel, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	[illegible]	Holton-Speir Funeral Home	1639 N Broadway

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

T-623

STATE OF MARYLAND-DHMH

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 72 11268 REG. NO. 72 11268

1. NAME OF DECEASED (Type or Print): DOROTHY TRUXTON

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month — Day — Year — Hour

3. DATE PRONOUNCED DEAD: November 19, 1972 — Hour: 6:45 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
33 JOHNS HOPKINS HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: 908

6. SEX: Female — 7. RACE: Negro — 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 11/21/43 — 10. AGE (In years last birthday): 28 29 — If Under 1 Yr. Months, Days, If Under 24 Hrs. Hours, Min.

E. STREET AND NUMBER: 2040 Cecil Avenue

11. BIRTHPLACE (State or foreign country): md — 12. CITIZEN OF WHAT COUNTRY? USA — 13. FATHER'S NAME: Edward Carroll

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic — 14B. KIND OF BUSINESS OR INDUSTRY — 15. MOTHER'S MAIDEN NAME: Isabelle Wright

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no — 17. SOCIAL SECURITY NO.: 212-40-5669 — 18. INFORMANT: Charlotte Truxton — ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E965.0 X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of head

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION — 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED — 21. AUTOPSY? (Yes or No): yes (head-only)

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Car

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2016 Harford Road 908

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-17-72 P.M. m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Self-inflicted

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ (head-only) and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Peter Lipkovic M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/20/72

24A. BURIAL CREMATION, REMOVAL (Specify) — 24B. DATE: 11/25/72 — 24C. NAME of CEMETERY or CREMATORY: Robinson cem — 24D. LOCATION (City, town, or county) (State): Gwynn Oak Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972 — 25B. NAME OF REGISTRAR: Sidney Whorton — 25C. FUNERAL DIRECTOR — ADDRESS: Sparrows Point Md

VS 151-REV. 1/1/68

N 834.1

H-252 1

72 11269

BIRTH NO. STATE OF MARYLAND-DHMH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11269

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Sloan Boyd Hawkins

2. DATE AND HOUR OF DEATH: Nov. 22, 1972 — 10: 50 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
US Public Health Service Hospital
3100 Wyman Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1605
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2571 Edmondson Ave.

5. SEX: M
6. RACE: Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9/7/17
9. AGE (In years last birthday): 55
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Laborer/BETHLEHEM STEEL
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ROBERT HAWKINS
14. MOTHER'S MAIDEN NAME: ? Beulah Boyd

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215 14 4806
17. INFORMANT: Catherine M. Hawkins ADDRESS: 2571 Edmondson Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 1 4 9 7

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Expiratory Arrest
DUE TO, OR AS A CONSEQUENCE OF:

(B) Hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:

(C) Cerebral Contusion

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Head Concussion

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct. 17 19 72 to Nov. 22 19 72, that (I) (we) last saw the deceased alive on Nov. 22 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jose L Rivas M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/23/72

23C. PHYSICIAN'S NAME (Type): JOSE LUIS RIVAS M.D. DEGREE
23D. ADDRESS: US Public Health Service Hospital, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/27/72
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore Co, Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney J. Worton
25C. FUNERAL DIRECTOR: Mutter F. H.
ADDRESS: 3025 W. North avenue

RGB

VS 1SO-REV. 1/1/68

C-455 1

72 11270

BIRTH NO. STATE OF MARYLAND-DHMH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11270

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): James E. Coleman

2. DATE AND HOUR OF DEATH: 11/25/72 @ 8:30 P.M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 19 Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 216
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2510 Edgecombe Circle North, Apt. 103

5. SEX: Male
6. RACE: Black
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2/13/31
9. AGE (In years last birthday): 41
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Airman-ret.
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Air Force
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Arthur J. Coleman
14. MOTHER'S MAIDEN NAME: Linnie B. Dunn

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): Korean War
16. SOCIAL SECURITY NO.: 579-52-7629
17. INFORMANT: Geraldine Coleman ADDRESS: 2510 Edgecombe Circle N

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Cardio Pulmonary Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(B) DUE TO, OR AS A CONSEQUENCE OF: Carcinoma - Pancreatic - Metastic
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/4 1972 to 11/25 1972 that (I) (we) last saw the deceased alive on 11/25 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Hct Hernandez Iluminada DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11-25-72
23C. PHYSICIAN'S NAME (Type): HERNANDEZ, ILUMINADA DEGREE
23D. ADDRESS: Provident Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/29/72
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore Co., Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney Hoskins
25C. FUNERAL DIRECTOR ADDRESS: Herbert E. Nutter 3035 W. North Ave

VS 150-REV. 1/1/68

S-520 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

72 11271

BIRTH NO. STATE OF MARYLAND-DHMH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11271

1. NAME OF DECEASED (Type or Print): James Edward Smith

2. DATE AND HOUR OF DEATH: 11-26-72 | 4 45 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: Univ of Maryland Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore, Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1703
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 827 Harlom Ave

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
male	Negro	WIDOWED [X]	1/1/09	63				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
floor bundler	Sparrows Point	North Carolina	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John O. Smith	Mattie Pride

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	WW II	220 03 1282	A Vernon Scott	2707 Ellicott Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Renal Failure of	
DUE TO, OR AS A CONSEQUENCE OF:	unknown etiology	
(B) DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
[ ]		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 _____ and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys.	Med. Director	Staff Phys.	23B. DATE SIGNED
K. Margolis	M.D.	[ ]	[ ]	[X]	11/26/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
K. Margolis		Univ. of Maryland Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/30/72	Arbutus Memorial Park	Baltimore Co., Md

26A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Audrey Jackson	Herbert F. Nutter	3035 W. North Ave

VS 150-REV. 1/1/68

J-5201

STATE OF MARYLAND-DHMH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 72 11272

REG. NO. 72 11272

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Mrs Lillian Newsome James

2. DATE AND HOUR OF DEATH: 2 40 pm | 11-25-72

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 34 Bon Secours
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: 1701
C. CITY OR TOWN: Balto Md
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1317-B W. Saratoga Street

5. SEX	6. RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	B		4-12-14	58				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestice	Private Family	North Carolina	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Noah Brynt	Nettie Shaw

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	214 20 0233	Johnnie E. James	1317-B W Saratoga St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	SEVERE LIVER FAILURE	3 WKS.
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	POSSIBLE CIRRHOSIS	NOT KNOW
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	—	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). —

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes) or No	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
—	—		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?
—	—	—

22. I certify that (I) (this hospital) attended the deceased from 11/2 19 72 to 11/25 19 72 that (I) (we) last saw the deceased alive on 11/25 19 72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Chaihan M.D. DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑	11/25/72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
CHAIHAN M.D. DEGREE	BON SECOURS HOSP. 2025 W. FAYETTE ST., BALTIMORE, MD. 21223

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/2/72	Smithfield City	Smithfield City, North Carolin

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 28 1972	Sidney Wootton	Herbert E. Nutter 3035 W. North Ave

VS 150-REV. 1/1/68

1
J-525

STATE OF MARYLAND-DEMH
72 11273

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11273
REG. NO.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Vincent Johnson			2. DATE OF DEATH Known ☒ Estimated ☐	Month 11	Day 25	Year 72	Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital			3. DATE PRONOUNCED DEAD	11	25	72	7:10 p. M.
5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		B. COUNTY 1605					
6. SEX male	7. RACE Negro	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Balto.	D. INSIDE CITY LIMITS? YES ☒ NO ☐			
9. DATE OF BIRTH 9/29/63	10. AGE (In years last birthday) 9	If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.	E. STREET AND NUMBER 2530 Riggs Avenue				
11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Paul Johnson				
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	14B. KIND OF BUSINESS OR INDUSTRY		15. MOTHER'S MAIDEN NAME Cornelia Butler				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	(If yes, give war or dates of service)	17. SOCIAL SECURITY NO.	18. INFORMANT Paul Johnson	ADDRESS 2530 Riggs Avenue			

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Gunshot wound of head

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
		no

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) House	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2530 Riggs Avenue

22D. TIME OF INJURY (APPROX.) (Month)	(Day)	(Year)	(Hour)	22E. INJURY OCCURRED WHILE AT WORK ☐	NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCCUR?
11	25	72	unk m.			Subject was shot accidentally

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type) Peter Lipkovic, M.D. M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 11/26/72

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/30/72	Cedar Hill	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney Ambrose	Herbert E. Nutter	3035 W. North Ave

VS 151-REV. 1/1/68

1

P-500

STATE OF MARYLAND-DHMH 72 11274 BALTIMORE CITY HEALTH DEPARTMENT 72 11274

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): James S. Penn, Sr.

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 22 — Year: 72 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 22 — Year: 72 — Hour: 7:55 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
34 BON SECOURS HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1604

6. SEX: male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: Aug 30, 1893

10. AGE (In years last birthday): 79
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 838 N. Fulton XXX Avenue

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James S. Penn

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

14B. KIND OF BUSINESS OR INDUSTRY: Hosp.

15. MOTHER'S MAIDEN NAME: Roberta Campbell

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.

18. INFORMANT: Mrs Hortense Wander ADDRESS: 5000 Norwood Ave 2207

MEDICAL CERTIFICATION

19. 4124 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/22/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11-24-72

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park

24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972

25B. NAME OF REGISTRAR: Sidney [illegible]

25C. FUNERAL DIRECTOR: Joseph L. Russ ADDRESS: 2222 N. East Ave.

VS 151-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

L-525 BIRTH NO. 72 11275 REG. NO. 72 11275

STATE OF MARYLAND

1. NAME OF DECEASED (Type or Print): DOROTHEA JONES LAMKIN

2. DATE AND HOUR OF DEATH: November 25, 1972 | M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 SOUTH BALTIMORE GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel 5200
C. CITY OR TOWN: North Linthicum
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 810 West Nursery Road

5. SEX: Female
6. RACE: Cauc.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: March 14, 1909
9. AGE (In years last birthday): 63
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse
10B. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Boston, Mass
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry R. Jones
14. MOTHER'S MAIDEN NAME: Sarahjane Beards

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 216/22/4259
17. INFORMANT: Mrs. Jean M. Trust (daughter)
ADDRESS: Same as #4

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

I
(A) IMMEDIATE CAUSE: Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B) Gen. Metastatic Papillary Adenocarcinoma
DUE TO, OR AS A CONSEQUENCE OF:
(C) of Bladder

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from April 8 1967 to Nov 25 1972 that (I) (~~we~~) last saw the deceased alive on Sept 7 1972 and that in(my) (~~our~~) opinion death occurred at the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11/27/72
23C. PHYSICIAN'S NAME (Type): Robert M Barnett MD DEGREE
23D. ADDRESS: 300 S. Hanover St, Balto Md 21230

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/30/72
24C. NAME of CEMETERY or CREMATORY: Pine Hill Cemetery
24D. LOCATION (City, town, or county) (State): West Bridgewater Mass.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney Worth
25C. FUNERAL DIRECTOR ADDRESS: Singleton Funeral Home, Glen Burnie, Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-525 72 11276 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11276

BIRTH NO.

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) HELEN W. JENKINS

2. DATE AND HOUR OF DEATH Nov. 27th. 72 10 1/2 30 m. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

44 Union memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND. B. COUNTY 202

C. CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER 3100 ST. PAUL ST.

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	W.		04-15-1895	77				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOMEMAKER	OWN HOME	MARYLAND.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES D. WALKER	ESTELLE ALBAUGH.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO.	214-22-4553	ALEXANDER F. JENKINS.	117 WAVE CREST VENICE. CALIF.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	RESPIRATORY FAILURE.	
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	GUILLAIN BARRE SYND.	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		No	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 10th. 19 72 to Nov 27th. 19 72 that (I) (we) last saw the deceased alive on Nov. 27th. 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑	23B. DATE SIGNED
[signature]			Nov. 27th. 72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
HERMANN. WENDORFF		UNION MEMORIAL HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/29/72	Central	Frederick County, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	[signature]	H. W. Jenkins & Sons Co.	4905 York Rd. Balto., Md. 21212

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 7-324 72 11277 — REG. NO. 72 11277 — STATE OF MARYLAND--DHMH

1. NAME OF DECEASED (Type or Print): ELDRED B. FITZELL
2. DATE AND HOUR OF DEATH: Nov 27, 1972 | 4 15 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL, 33 + N. Calvert St, Baltimore, Md 21218
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: MARYLAND; B. COUNTY: TOWSON; C. CITY OR TOWN: BALTIMORE; D. INSIDE CITY LIMITS? YES ☐ NO ☒; E. STREET AND NUMBER: 916 DUNELLEN DR. 53??
5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 07-02-1919
9. AGE (In years last birthday): 53 — If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BANKER
10B. KIND OF BUSINESS OR INDUSTRY: EQUITABLE TRUST Co.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? AMERICAN (USA)
13. FATHER'S NAME: J. RICHARD FITZELL
14. MOTHER'S MAIDEN NAME: EMMA LYNCH
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. ELIZABETH S. ELDRED (SAME) — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	CARDIORESPIRATORY ARREST	10 days
DUE TO, OR AS A CONSEQUENCE OF: (B)	UREMIA. ACUTE RENAL FAILURE URETHRAL OBSTRUCTION	Nov, 1972
DUE TO, OR AS A CONSEQUENCE OF: (C)	CARCINOMA OF RECTUM	1970

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 11/19/72
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Non-typable ??? Kidney. Urethral obst.
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED — While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 17 1972 to Nov 27 1972, that (I) (we) last saw the deceased alive on Nov 27 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: Nov 27, 1972
23C. PHYSICIAN'S NAME (Type): ALFONSO J. GUZMAN, MD DEGREE
23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-30-72
24C. NAME of CEMETERY or CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Balto. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR — ADDRESS: H. W. Jenkins & Sons Co. 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

1

S-543 72 11278

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11278 REG. NO.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Roy B. Shanholtzer (Shanholtzer)

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 11 — Day: 23 — Year: 72 — Hour: 10:25A M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 23 — Year: 72 — Hour: 10:25A M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2831 Miles Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 207

6. SEX: Male
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: Jul 16, 1906
10. AGE (In years last birthday): 66
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

E. STREET AND NUMBER: 2831 Miles Avenue

11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: David Shanholtzer

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Repairman
14B. KIND OF BUSINESS OR INDUSTRY: Gen'l Motors Co.
15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Yes — WW II
17. SOCIAL SECURITY NO.: 213-10-4311
18. INFORMANT — ADDRESS: Theresa Shanholtzer 2831 Miles Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I 412.4

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Chronic lung disease

20A. DATE OF OPERATION: 6
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: W P Mulloy M.D.
EXAMINER'S NAME (Type): William P. Mulloy, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: 11-24-72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/27/72
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Pk
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney [illegible]
25C. FUNERAL DIRECTOR — ADDRESS: A. Alan Seitz, Jr. 3818 Roland Ave.

VS 151-REV. 9/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT **SUMMERS BABY GIRL X 2DAY 72 6E 1279**

CERTIFICATE OF DEATH

P.S. - OBSTETRICIAN - UNIV. H. - PNO NUR.
LINDA M 44-64-68 STATE OF MARYLAND-DHMH

BIRTH NO. S-562 Hagerstown, Md 72 1279

1. NAME OF DECEASED (Type or Print) Summers, Baby Girl Sherry Mae

2. DATE AND HOUR OF DEATH 11/24/72 2:10 p.m. P. M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: University of Md. Hosp.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Washington Co. Hagerstown 7100
C. CITY OR TOWN: Hagerstown D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 322 Jefferson St. 21740

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days / Hours / Min.
F	W	NEVER MARRIED [X]	11/22/72	1½ days	1½

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	Infant	Hagerstown	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Raymond Earl Summers	Linda Mae Gass ~~Summers~~

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No	None	R. E. Summers 322 Jefferson St. Hagerstown, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Mult. Cong. anomalies	48 hrs
(B) DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/24 19 72 to 11/24 19 72 that (I) (we) last saw the deceased alive on 11/24 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE	Attending Phys. / Med. Director / Staff Phys.	23B. DATE SIGNED
L. deBorja M.D. DEGREE	Staff Phys. [X]	11/24/72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Lilia L. deBorja M.D. DEGREE	University of Md. Hosp. Balto Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/27/72	Rest Haven Cemetery	Hagerstown-Washington-Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 28 1972	Sidney M. Norton	Wm. A. Hoof Rest Haven Funeral Chapel Hagerstown, Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-400 72 11280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11280

BIRTH NO.

REG. NO.

STATE OF MARYLAND—DEATH

1. NAME OF DECEASED (Type or Print): MRS DOLLY · M · COLE

2. DATE AND HOUR OF DEATH: 11/26/72 3PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: CHURCH HOME & HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 501
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1005 ORLEANS ST 21202

5. SEX: F
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 9/15/18
9. AGE (In years last birthday): 54
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Theodore Cole
14. MOTHER'S MAIDEN NAME: EMMA JONES

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Gloria Simon ADDRESS: 2403 Callow Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Cardio respiratory failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) advanced generalized
DUE TO, OR AS A CONSEQUENCE OF:
(C) Carcinoma Peritonei

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
(R) Basal Pneumonia

19A. DATE OF OPERATION: 11/26/72
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Acute Abdomen
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NO
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): NO
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): NO
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? NO

22. I certify that (I) (this hospital) attended the deceased from 11/24/1972 to 11/26/1972 that (I) (we) last saw the deceased alive on 11/26/1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: K George Thomas MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/26/72
23C. PHYSICIAN'S NAME (Type): K GEORGE THOMAS DEGREE
23D. ADDRESS: CHURCH HOME & HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-1-72
24C. NAME of CEMETERY or CREMATORY: Balto. Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Elliott Funeral Home ADDRESS: 1139 N. Caroline St

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-000 72 11281 REG. NO. 72 11281

STATE OF MARYLAND

1. NAME OF DECEASED (Type or Print): Robert E. Lee

2. DATE AND HOUR OF DEATH: 11/23/72 | 11:15A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY

1709 E. Oliver St 807

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Male	NEGRO	[X] NEVER MARRIED	1-11-00	72				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Steel Co.	Buckingham Co. Va.	U.S.A.

13. FATHER'S NAME: ROBERT LEE

14. MOTHER'S MAIDEN NAME: WAVERLY CHAMBERS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	213-07-6848	Mrs. Gertrude Lee	1709 E. Oliver St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
433.01		
(A) IMMEDIATE CAUSE	Bilat. Extra Cerebral artery occlusion	19 days
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Hypertensive vascular disease	10 years
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Diffuse liver disease	1 month

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
11/8/72	(R) Hemiparesis	YES	NO

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/8 1972 to 11/23 1972, that (I) (we) last saw the deceased alive on 11/23 1972 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Craig R. Smith M.D. OEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 11/23/72

23C. PHYSICIAN'S NAME (Type): CRAIG R. SMITH M.D. OEGREE

23D. ADDRESS: 601 N. BROADWAY BALTIMORE Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	11-26-72	Family Cemetery	Dillwyn, Va.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney Jackson	Randolph J. Collick	2431 E. Oliver St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

ROBERT LEE

WAVERLY CHAMBERS

X

B-232 1

B-235 72 11282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11282

STATE OF MARYLAND-DHMH

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HOMER J. BOSTON-BOSTIC
Or - Boston, James H.

2. DATE AND HOUR OF DEATH November 27, 1972 | 2:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 35

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home and Hospital 100 N. Broadway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore City 804
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [x] NO [ ]
E. STREET AND NUMBER: 2203 E. Chase St.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
male	negro	MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	10/28/04	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
steel worker-retired		Georgia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Boston	Sarah

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	213 09 0743	Mrs. Elnora Bostic	2203 E. Chase St.

MEDICAL CERTIFICATION

18. 422.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Chronic congestive heart
DUE TO, OR AS A CONSEQUENCE OF:

(B) Failure & Acute Exacerbations
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0	—	—	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?
—	—	—

22. I certify that (I) (this hospital) attended the deceased from — 19 — to — 19 —
that (I) (we) last saw the deceased alive on — 19 — and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) did (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]	23B. DATE SIGNED
D. R. Anjaria			11/27/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Dr. J. R. ANJARIA		CHURCH HOME & HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-1-72	Baltimore Cemetery	Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Audrey M. Norton	Randolph Redick	2431 E. Oliver St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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STATE OF MARYLAND-DEATH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

E-300 BIRTH NO. 72 11283 REG. NO. 72 11283

1. NAME OF DECEASED (Type or Print): Hattie Eaddy

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 21 — Year: 72 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 21 — Year: 72 — Hour: 11:30 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1006 Witherspoon Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2778

6. SEX: female | 7. RACE: Negro | 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☑ NO ☐

9. DATE OF BIRTH: 1-30-1900 | 10. AGE (In years last birthday): 72. | If Under 1 Yr. Months / If Under 24 Hrs. Days / Hours / Min.

E. STREET AND NUMBER: 1006 Witherspoon Ave.

11. BIRTHPLACE (State or foreign country): Hemingway, S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Murrie Shelton

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

14B. KIND OF BUSINESS OR INDUSTRY: At Home

15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.: None

18. INFORMANT — ADDRESS: Mrs. Pearline Gainey 2431 E. Oliver St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I 412.2 Hypertensive and arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0 | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Peter Lipkovic M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/22/72

24A. BURIAL CREMATION, REMOVAL (Specify): Removal | 24B. DATE: 11-25-72 | 24C. NAME of CEMETERY or CREMATORY: Bethlehem Cemetery | 24D. LOCATION (City, town, or county) (State): Hemingway, S.C.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972 | 25B. NAME OF REGISTRAR: Sidney Johnston | 25C. FUNERAL DIRECTOR — ADDRESS: Randolph J. Collick 2431 E. Oliver St.

VS 151-REV. 1/1/68

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R-300 72 11284

STATE OF MARYLAND-DEPT.
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11284

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print) LOUIS J. RIETH			2. DATE OF DEATH Known ☐ Estimated ☐	Month	Day	Year	Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 48 Maryland General Hospital			3. DATE PRONOUNCED DEAD	11	27	1972	8:15a M.
			5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 1102				
6. SEX male	7. RACE white	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Balto.	D. INSIDE CITY LIMITS? YES ☒ NO ☐			
9. DATE OF BIRTH Feb.(?) 1882	10. AGE (In years last birthday) 90	If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.	E. STREET AND NUMBER 800 Park Ave.				
11. BIRTHPLACE (State or foreign country) Dedham, Mass.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME ? ? Rieth				
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sales		14B. KIND OF BUSINESS OR INDUSTRY Pressing Mach. Co.	15. MOTHER'S MAIDEN NAME UNKNOWN				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO.	18. INFORMANT Attorney: ADDRESS Thos.H.Hedrick,Fidelity Bldg. 21201				

MEDICAL CERTIFICATION

19. E887X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) cranio-cerebral injuries
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Arteriosclerotic cardiovascular disease

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
2		yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) street	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Unk. 0000

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCCUR?
11-14-72 ? m.	(5)	Fell, striking head.

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. Deputy Chief Medical Examiner M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 11-27-72

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/28/72	Druid Ridge Cemetery	Pikesville,Balto.Co.,Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney J. Hoston	STEWART & MOWEN CO.	108 W. North Ave. 21201

VS 151-REV. 1/1/68

N854.0

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T-306 72 11285 STATE OF MARYLAND-DEATH 72 11285

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Edgar Tate

2. DATE OF DEATH: Known [XX] Estimated [ ] Month: 11 Day: 21 Year: 72 Hour: M.

3. DATE PRONOUNCED DEAD: Month: 11 Day: 21 Year: 72 Hour: 3:15 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mercy Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2544
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 702 Williams St. 814 Jeffrey St.

6. SEX: male
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. DATE OF BIRTH: 4/18/1933
10. AGE (In years last birthday): 39
If Under 1 Yr. Months / If Under 24 Hrs. Days / Hours / Min.
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Harry Tate
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
14B. KIND OF BUSINESS OR INDUSTRY: Elevator
15. MOTHER'S MAIDEN NAME: Mildred Tate Brennan
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Yes 4/30/63
17. SOCIAL SECURITY NO.: 185-24-2720
18. INFORMANT ADDRESS: Mildred Brennan=814 Jeffrey Street

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I 303.9 Acute alcohol intoxication

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [XX] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [XX]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: 11/22/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/25/72
24C. NAME of CEMETERY or CREMATORY: Glen Haven Cemetery
24D. LOCATION (City, town, or county) (State): Glen Burnie, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR ADDRESS: George J. Gonce 4001 Ritchie Highway

VS 151-REV. 1/1/68

12-22-1972 - Completion of cause of death on a pending medical examiner death certificate-
Peter Lipkovic, M.D. hs

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-320 72 11286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11286

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) Litzau, Madeline

2. DATE AND HOUR OF DEATH: NOVEMBER 23 1972 | 10:40 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE GOOD SAMARITAN HOSPITAL 45

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: Maryland 21206 2632
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 5013 Greenhill Ave.

5. SEX	6. RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	White		01-30-11	61		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Secretary	Retired	Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Everett Moffit	Delphia

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	219140916	Husband	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	340X Staphylococcal Pneumonia	4 days
(B) DUE TO, OR AS A CONSEQUENCE OF:	Multiple Sclerosis	16 yr.
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Multiple Decubitus Ulcers	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 20 19 72 to NOVEMBER 23 19 72 that (I) (we) last saw the deceased alive on NOVEMBER 23 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐	23B. DATE SIGNED
Lyle J. Zimmerman MD			

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/27/72	Parkwood	Balto Co

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney Silverstone	C. Heemann	6067 Harf. Rd

VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-460 72 11287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11287

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): (Raymond) WHEELER, Ray Alphus

2. DATE AND HOUR OF DEATH: November 22, 1972 5:25 p. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Blvd, Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Dundalk D. INSIDE CITY LIMITS? YES [x] NO [ ]
E. STREET AND NUMBER: 7373 Edsworth Road

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	White	WIDOWED [x]	1-11-90	82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Railroad worker	Railroad	Pennsylvania	U.S.A.

13. FATHER'S NAME: Samuel Wheeler

14. MOTHER'S MAIDEN NAME: Lucinda Haines

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	4/18 to 1919	716-03-21-38	Records	VAH 3900 Loch Raven Blvd., Balto., Md. 21218

CAUSE OF DEATH

18. 571.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE / DUE TO, OR AS A CONSEQUENCE OF:	Hepatorenal Syndrome	5 days
(B) DUE TO, OR AS A CONSEQUENCE OF:	Severe Alcoholic Cirrhosis	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Gastric (Stress) Ulcers	

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		Yes	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from October 28 19 72 to November 22, 19 72, that (I) (we) last saw the deceased alive on November 22, 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mark H. Kasowitz DEGREE: Attending Phys. [ ] Med. Director [ ] Staff Phys. [x] 23B. DATE SIGNED: 11/23/72

23C. PHYSICIAN'S NAME (Type): MARK H. KASOWITZ MD DEGREE 23D. ADDRESS: 3900 Loch Raven Blvd., Balto., Md. 21218

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-28-72	Mt. Morris Cemetery	Mt. Morris Green Co. Penna

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972		E. B. Fleming	Fleming Funeral Service Benson, Md.

VS 1SO-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance an the deceased priar ta death); and (6) Na physician was in regular attendance an the deceased prior to death. Such written appraval must be obtained before the remains are embalmed ar final disposition is made.

W-623 72 11288

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

72 11288

REG. NO.

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): Hazel S. Wright

2. DATE AND HOUR OF DEATH: Nov. 26, 1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1105 Seaboard Ct.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2505
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1105 Seaboard Court

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	White	[X] Married [ ] Never Married [ ] Widowed [ ] Divorced	June 30, 1892	80 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Baltimore, Md.	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Griffith Jones	Mary E. Banks

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	212 22 2227	Mr. Robert R. Wright Jr.	2502 Eutaw Place

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. 410.9 I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAUSE: Acute Myocardial Probable Infarction	unknown
	DUE TO, OR AS A CONSEQUENCE OF: (B) Arteriosclerotic Cardiovascular Disease	Sev. Years
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO, OR AS A CONSEQUENCE OF: (C) Generalized Atherosclerosis	Sev-years
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Chronic Renal Failure	Sev-years

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED — While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1963 19 to Present 1972, that (I) (we) last saw the deceased alive on 11/13 1972 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE				23B. DATE SIGNED
Colvin C. Carter, M.D. DEGREE	Attending Phys. [ ]	Med. Director [ ]	Staff Phys. [X]	Nov. 27, 1972

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Colvin C. Carter DEGREE	So. Balto. Gen. Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Nov. 29, 1972	Meadowridge Mem. Pk.	Dorsey Howard Co. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 28 1972	[signature]	George J. Gonce 4001 Ritchie Hwy.

VS 1504 REV. 1/1/68

B-623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11289

STATE OF MARYLAND-DEATH

BIRTH NO. 72 11289

1. NAME OF DECEASED (Type or Print): CORNELIA L BROCATO

2. DATE AND HOUR OF DEATH: 11/25/72 | 11:22 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTIMORE GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2404
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1500 Covington Street

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: July 14, 1893
9. AGE (In years last birthday): 79
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Richard Shield
14. MOTHER'S MAIDEN NAME: Charlotte Stewart

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Charles Brocato
ADDRESS: 1500 Covington St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

410.9 I

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 DAYS

(B) DUE TO, OR AS A CONSEQUENCE OF: ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — 4+ DAYS

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/21 19 72 to 11/25 19 72 that (I) (we) last saw the deceased alive on 11/25 19 72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert J. Bauer, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/25/72
23C. PHYSICIAN'S NAME (Type): ROBERT J. BAUER, M.D. DEGREE
23D. ADDRESS: 3001 S. HANOVER ST. BALTIMORE, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/29/72
24C. NAME of CEMETERY or CREMATORY: Glen Haven Cemetery
24D. LOCATION (City, town, or county) (State): Glen Burnie, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney [illegible]
25C. FUNERAL DIRECTOR: George J. Gonce
ADDRESS: 4001 Ritchie Highway

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

A-162 72 11290

STATE OF MARYLAND-DEATH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 72 11290

1. NAME OF DECEASED (Type or Print): Nella Kirkendahl Affayroux

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 16 — Year: 72 — Hour: 11:57 P.M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 16 — Year: 72 — Hour: 11:57 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: A.A. Co.
C. CITY OR TOWN: Annapolis — D. INSIDE CITY LIMITS? YES ☐ NO ☒

6. SEX: Female — 7. RACE: White — 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: June 14, ? — 10. AGE (In years last birthday): 70 — If Under 1 Yr. or Under 24 Hrs. Months / Days / Hours / Min.

E. STREET AND NUMBER: 195 Prince George Street

11. BIRTHPLACE (State or foreign country): W. VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE KIRKENDAHL

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO

17. SOCIAL SECURITY NO.: 212-12-9998

18. INFORMANT — ADDRESS: W. B. BRADLEY, MORTICIAN - DUNDALK, Md

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebrovascular accident
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

436.9

20A. DATE OF OPERATION: 2 — 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: W. P. Mulloy M.D.
EXAMINER'S NAME (Type): William P. Mulloy, M.D.
CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11-17-72

24A. BURIAL CREMATION, REMOVAL (Specify): CREMATION — 24B. DATE: 11/17/72 — 24C. NAME of CEMETERY or CREMATORY: GOUDON (BALTIMORE) — 24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972 — 25B. NAME OF REGISTRAR: Sidney N. Morton — 25C. FUNERAL DIRECTOR — ADDRESS: W. Douglas Bradley, Sr., Dundalk, Md

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-455 BIRTH NO. 72 11291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11291 REG. NO. STATE OF MARYLAND-DEAT

1. NAME OF DECEASED (Type or Print): EDWIN SHULMAN

2. DATE AND HOUR OF DEATH: 24 NOV 72. | 9:25 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: NORTH CHARLES GEN. HOSP.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1203
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2705 N. Calvert St.

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	W		10/7/22	50		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 217-16-5744
17. INFORMANT: Chart ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: cerebral hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 13½ hrs.
DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebral atherosclerosis
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Acute Coronary Insufficiency, Previous M.I.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
None		NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No		

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/23/72 19 72 to 11/24 19 72 that (I) (we) last saw the deceased alive on 11/24 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE — Attending Phys. ☐ Med. Director ☒ Staff Phys. ☐
23B. DATE SIGNED: 11/24/72
23C. PHYSICIAN'S NAME (Type): RODOLFO C. VELASCO M.D. DEGREE
23D. ADDRESS: NORTH CHARLES GEN. HOSP.

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
	11-27-72	JOHNS HOPKINS MAUSOLEUM	Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Lindsey Thornton
25C. FUNERAL DIRECTOR: RAYMOND J. CURRAN
ADDRESS: 817 SCARETT RD TOWSON, MD 21204

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-500 72 11292 — REG. NO. 72 11292 — STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): Joseph E Kane
2. DATE AND HOUR OF DEATH: 11-24-72 7:45 PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital, Inc.
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland — B. COUNTY: 2102 — C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES [X] NO [ ] — E. STREET AND NUMBER: 1320 S. Carey St. 21230

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Male	White	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9-23-1906	66				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Security Guard	Allied ChemicalCo.	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Kane	Mary Andrews

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	216-03-3737	Mrs. Amelia M. Kane	1320 S. Carey St. 21230

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I
(A) IMMEDIATE CAUSE: Severe pulmonary edema — hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(B) 410.9 Acute Myocardial infarction — hrs to days
DUE TO, OR AS A CONSEQUENCE OF:
(C) ASCVD — yrs

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		YES	YES

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
[ ]		

21D. TIME OF INJURY (APPRDX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED — While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/12 19 72 to 11/24 19 72, that (I) (we) last saw the deceased alive on 11/24 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: GM Wells MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] — 23B. DATE SIGNED: 11/25/72

23C. PHYSICIAN'S NAME (Type): G M. WELLS MD DEGREE — 23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-28-72	Loudon Park Cemetery	Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney L Norton	Howard H. Hubbard	4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 7-632 72 11293 REG. NO. 72 11293 STATE OF MARYLAND-DEPT

1. NAME OF DECEASED (Type or Print): FRITZ, LILLIAN ESTELLE

2. DATE AND HOUR OF DEATH: NOVEMBER 26 1972 7:26P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL 40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN:
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 5529 LINK AVENUE 21227

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
FEMALE	CAUCASIAN	MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	02 01 99	73				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		MARYLAND	U.S.A.

13. FATHER'S NAME: CHARLES LANG

14. MOTHER'S MAIDEN NAME: HENRIETTA (HUBER) LANG

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO			WILKENS AVENUE 21229 ST. AGNES HOSPITAL RECORDS CATON &	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE: Myocardial infare	
	DUE TO, OR AS A CONSEQUENCE OF: tion and Ventricular rupture	
	(B) DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from NOVEMBER 10 19 72 to NOVEMBER 26 19 72, that (X) (we) last saw the deceased alive on NOVEMBER 26 19 72 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (XXX) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒	23B. DATE SIGNED
EDUARDO ROMERO M.D.			11 26 72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Eduardo C Romero	MD	CATON & WILKENS AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
BURIAL	11-30-72	LOUDON PARK CEMETERY	BALTIMORE	MARYLAND

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney Anderson	HUBBARD FUNERAL HOME	4107 WILKENS AVE. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-300 72 11294 REG. NO. 72 11294

STATE OF MARYLAND—DEATH

1. NAME OF DECEASED (Type or Print): CHARLES F. READ	2. DATE AND HOUR OF DEATH: November 24, 1972 3:17 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 St. Agnes Hospital, Wilkens & Caton Avenues 21229	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: Baltimore 5300 C. CITY OR TOWN: Catonsville D. INSIDE CITY LIMITS? YES ☐ NO ☒ E. STREET AND NUMBER: 116 Cherrydell Road
5. SEX: Male 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 9-13-1908 9. AGE (In years last birthday): 64 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Purchasing Dept. 10B. KIND OF BUSINESS OR INDUSTRY: Westinghouse	11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: George H. Read	14. MOTHER'S MAIDEN NAME: Elizabeth Foard
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No 16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. Marie V. Read ADDRESS: 116 Cherrydell Rd. 21228

CAUSE OF DEATH

18. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the diseose, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.

	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE: Cardiac Arrest	
DUE TO, OR AS A CONSEQUENCE OF:	
(B) Acute Myocardial Infarction	
DUE TO, OR AS A CONSEQUENCE OF:	
(C) Coronary Sclerosis	2yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME OF INJURY (APPRDX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?	

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 12-30 1968 to 11-24- 1972, that (I) ~~(we)~~ last saw the deceased alive on 9-25-1972 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: Wilmer K. Gallager Sr. M.D. DEGREE	Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐	23B. DATE SIGNED: 11-27-72
23C. PHYSICIAN'S NAME (Type): Wilmer K. Gallager, Sr. DEGREE	23D. ADDRESS: 6209 Frederick Ave. 21228	

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 11-28-72	24C. NAME of CEMETERY or CREMATORY: Western Cemetery	24D. LOCATION (City, town, or county): Baltimore	(State): Maryland
25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972	25B. NAME OF REGISTRAR: Sidney Winston	25C. FUNERAL DIRECTOR: Howard H. Hubbard	ADDRESS: 4107 Wilkens Ave 21229	

VS 150-REV. 1/1/68

B-200 72 11295

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11295

STATE OF MARYLAND-DEATH

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): EDWARD H. BUSH

2. DATE AND HOUR OF DEATH: November 25, 1972 1 15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 516 S. Collins Avenue Baltimore, Maryland 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2008

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 516 S. Collins Avenue

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Male	White	NEVER MARRIED [X]	10-31-1893	79				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Bush	Mary P. Mangum

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	WWI	212-05-2195	Mrs. Geneva F. Bush	516 S. Collins Ave. 21229

CAUSE OF DEATH

18. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Cardio Vascular Disease	2 yrs
(B) DUE TO, OR AS A CONSEQUENCE OF:	Emphysema	5 yrs
(C)	Senility	2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		no	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work / Not While At Work	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ? 1963 to Nov 25 1972, that (I) (we) last saw the deceased alive on Nov 25 1972 and that I (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
B. Brumbaugh M.D. DEGREE	Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]	Nov 27/72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Dr. Bruce Brumbaugh DEGREE	5609 Main St. Elkridge, Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	11-29-72	Lorraine Park	Baltimore	Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney Silverstone	Howard H. Hubbard	4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-260 72 11296 REG. NO. 72 11296

STATE OF MARYLAND-DEATH

CERTIFICATE AMENDED 12/4/72

1. NAME OF DECEASED (Type or Print) LOUIS C. BECKER

2. DATE AND HOUR OF DEATH Nov. 26th., 1972 02h. 55 m. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
Union Memorial Hospital
4 4

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Howard 6300
C. CITY OR TOWN Elkridge D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER 6821 Montgomery Rd. 21227

5. SEX	6. RACE	7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	W		02-13-1899	73				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Accountant	B&ORR	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM BECKER	ELIZABETH SCHOLL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	705-05-4907A	Mrs. May H. Becker	6821 Montgomery Rd. 21227

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 342X (A) IMMEDIATE CAUSE: DEHYDRATION & UNDERNOURISHMENT	
	DUE TO, OR AS A CONSEQUENCE OF: (B) ARTHEROSCLEROTIC PARKINSON DISEASE	
	DUE TO, OR AS A CONSEQUENCE OF: (C) SENILITY	
	ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). GENERALIZED ATHEROSCLEROSIS	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 09 1972 to Nov. 26th 1972, that (I) (we) last saw the deceased alive on Nov. 26th. 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☑	23B. DATE SIGNED
HWENDORFF					Nov. 26th 72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
HERMANN WENDORFF		UNION MEMORIAL HOSPITAL.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	11-29-72	St. John's Cemetery	Waterloo	Howard Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney Thurston	Hubbard Funeral Home	4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

12/4/72 - Correction form from Funeral Director
DS.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-634

72 11297 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11297

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): CLARA B. HARTLOVE

2. DATE AND HOUR OF DEATH: November 26, 1972 | 8:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1216 Washington Blvd. Baltimore, Maryland 21230

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2102
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1216 Washington Blvd. 21230

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	White	WIDOWED [X]	5-20-1879	93		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward L. Naylor
14. MOTHER'S MAIDEN NAME: Elizabeth Love

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-54-0279
17. INFORMANT: Mrs. Florence Pritchett
ADDRESS: 1216 Washington Blvd

MEDICAL CERTIFICATION

CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I 1B. 433.91	(A) IMMEDIATE CAUSE: Cerebral Thrombosis	1 day.
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Cerebral Arteriosclerosis	2 years.
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Feb 21 1962 to 11-26 1972, that (I) (we) last saw the deceased alive on 11-26 1972 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: John P. Urlock Jr MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11-27-72
23C. PHYSICIAN'S NAME (Type): Dr. John P. Urlock Jr DEGREE
23D. ADDRESS: 1227 Washington Blvd.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-29-72	Loudon Park Cemetery	Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Lindsay Whitney	Howard H. Hubbard	4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-200 72 11298 REG. NO. 72 11298 STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): JOHN J. LEWIS

2. DATE AND HOUR OF DEATH: 23 NOVEMBER 72 | 9:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL 4-4

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 2643
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3741 ELMLEY AVENUE

5. SEX: M
6. RACE: CAUC
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 22 JULY 1919
9. AGE (In years last birthday): 53
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building Inspector
10B. KIND OF BUSINESS OR INDUSTRY: CITY OF BALTIMORE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Conrad Einschutz
14. MOTHER'S MAIDEN NAME: LEONA LEVY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 212-01-2195
17. INFORMANT: CHART ADDRESS:

CAUSE OF DEATH

MEDICAL CERTIFICATION

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. 038.91 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAUSE: RESPIRATORY ARREST	15 HRS
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) DUE TO, OR AS A CONSEQUENCE OF: ENDOTOXIC SHOCK	
	(C) DUE TO, OR AS A CONSEQUENCE OF:	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	GI BLEEDING	2 WEEKS

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 16 SEPTEMBER 1972 to 23 NOVEMBER 1972, that ~~I~~ (we) last saw the deceased alive on 23 NOVEMBER 1972 and that ~~I~~ (our) opinion death accurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Neil O. Thompson, MD DEGREE: Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 23 November 1972
23C. PHYSICIAN'S NAME (Type): NEIL O. THOMPSON, MD DEGREE:
23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/27/72
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Audrey [illegible]
25C. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21213

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. R-400 72 11299

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11299
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): JAMES M. REILLY

2. DATE AND HOUR OF DEATH: 11/25/72 | 3 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4767 Elison Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2642
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4767 Elison Ave. Balto. Md. 21206

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	W	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	10/18/04	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Parcel Post	U. S. Gov't	Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Reilly	Bridget McDonough

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	216-20-2431	Ethel Reilly (wife)	same address

MEDICAL CERTIFICATION

CAUSE OF DEATH

	18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE: Carcinoma lung	
	DUE TO, OR AS A CONSEQUENCE OF: with generalized metastasis	
	(B) DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Generalized atherosclerosis	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 23 19 72 to Nov 25 19 72, that (I) (We) last saw the deceased alive on Nov. 24 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]	23B. DATE SIGNED
Romulo V. Goco	M.D.		Nov. 27, 72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Dr. Romulo Goco		5500 Bowleys Lane

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/28/72	Loudon Park Cemetery	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 28 1972	Sidney Johnston	Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. 21213

VS 150-REV. 1/1/68

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STATE OF MARYLAND—DEPT.
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. H-630 72 11300 REG. NO. 72 11300

1. NAME OF DECEASED (Type or Print): JOHN FREDERICK HURD

2. DATE OF DEATH: Known ☐ Estimated ☐ Month ___ Day ___ Year ___ Hour ___ M.

3. DATE PRONOUNCED DEAD: Month 11 Day 26 Year 1972 Hour 10:35p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2643
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐

6. SEX: male 7. RACE: white 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 4/6/21 10. AGE (In years last birthday): 51 If Under 1 Yr. Months ___ Days ___ If Under 24 Hrs. Hours ___ Min. ___

E. STREET AND NUMBER: 3600 Lyndale Ave.

11. BIRTHPLACE (State or foreign country): Ind.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thurston Hurd

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tester

14B. KIND OF BUSINESS OR INDUSTRY: Balto. City

15. MOTHER'S MAIDEN NAME: Maybelle Stoyle

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): yes

17. SOCIAL SECURITY NO.: 378-14-6112

18. INFORMANT: Julia Hurd (wife) ADDRESS: same address

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

441.2 1

(A) Ruptured atherosclerotic abdominal aneurysm — IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 2 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S: [signature] M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

NAME (Type) Ronald N. Kornblum, M.D. Deputy Chief Medical Examiner DATE SIGNED 11-27-72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11/29/72

24C. NAME of CEMETERY or CREMATORY: Holly Hill Cemetery

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972

25B. NAME OF REGISTRAR: [signature]

25C. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21213

VS 151-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-642 72 11301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11301 STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): BORLESKE, HEDWIG M.

2. DATE AND HOUR OF DEATH: NOVEMBER 23, 1972 1:50 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL
40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: HOWARD COUNTY 6300
C. CITY OR TOWN: WEST FRIENDSHIP D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 3650 IVORY ROAD 21794

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED XX WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
FEMALE	CAUCASIAN		11 19 84	88				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DOMESTIC		GERMANY	USA

13. FATHER'S NAME: Ludwig Borleske

14. MOTHER'S MAIDEN NAME: Hermine Korthals

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212 32 3904

17. INFORMANT: RECORDS BALTIMORE MD 21229 ADDRESS: ST AGNES HOSPITAL WILKENS & CATON AVE

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiac arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Congestive heart failure
DUE TO, OR AS A CONSEQUENCE OF:
(C) A S C V D

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that X (I) (this hospital) attended the deceased from NOVEMBER 22, 19 72 to NOVEMBER 23, 19 72, that X (we) last saw the deceased alive on NOVEMBER 23, 19 72 and that in (my) XX (our) opinion death occurred on the date and hour and from the causes stated above. (X (We) (did) (did not) XXXX view the body after death.

23A. SIGNATURE: E Henzan DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/23/72

23C. PHYSICIAN'S NAME (Type): E HENZAN DEGREE
23D. ADDRESS: ST AGNES HOSPITAL WILKENS & CATON AVE BALTIMORE MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/27/1972	Holy Redeemer	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 28 1972	Sidney Thornton	G. Truman Schwab 5151 Balto. Nat'l. Pike

VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-532 72 11302

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11302
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): SCHMITZ HATTIE MARIE
2. DATE AND HOUR OF DEATH: 11-26-72 6:45 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: South Baltimore General Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 21232 2301
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1130 S. Hanover st. Balti Md 21230
5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 7/24/97 9. AGE (In years last birthday): 75 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern Owner
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Patrick Doran
14. MOTHER'S MAIDEN NAME: Hattie Collins
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-32-9124
17. INFORMANT: Lawrence Schmitz ADDRESS: 179 Hilltop Rd. Riviera Beach, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE: Rt. Cerebrovascular accident — DUE TO, OR AS A CONSEQUENCE OF:	
II	(B) Hypertensive cardiovascular disease — DUE TO, OR AS A CONSEQUENCE OF:	
	(C) —	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 nil
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: nil
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): nil
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): nil
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): nil
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.): nil
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? nil.

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 11/19/72 19 72 to 11/26 19 72 that (I) ~~(we)~~ last saw the deceased alive on 11/26/19 72 and that in(my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) (~~did not~~) view the body after death.

23A. SIGNATURE: R Sirithara M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/26/72
23C. PHYSICIAN'S NAME (Type): SIRITHARA M.D. DEGREE
23D. ADDRESS: South Baltimore General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/29/72
24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney Anderson
25C. FUNERAL DIRECTOR: George J. Gonce ADDRESS: 4001 Ritchie Highway

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-536 72 11303 REG. NO. 72 11303 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): HENTHORN, ANNA WILHEMIA
2. DATE AND HOUR OF DEATH: NOVEMBER 25, 1972 2:00P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 40 ST. AGNES HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: ANNE ARUNDEL 21122
C. CITY OR TOWN: PASADENA D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 8603 BAY ROAD RIVIERA BEACH 5200

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
FEMALE	CAUCASIAN		03 09 93	79		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		MARYLAND	U.S.A.

13. FATHER'S NAME: Fuller
14. MOTHER'S MAIDEN NAME: ANNA ( )

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	219626584	RECORDS OF ST. AGNES HOSPITAL	CATON & WILKENS AVES. BALTO., MD. 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Bernard Henthorn 8603 Bay

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. 4 12 4 1	(A) IMMEDIATE CAUSE: Respiratory failure	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Arteriosclerotic Vascular disease	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C) Cardiovascular Accident	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from OCTOBER 19 19 72 to NOVEMBER 25 19 72, that (X) (we) last saw the deceased alive on NOVEMBER 25 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒	23B. DATE SIGNED
B. Makarabiromya			NOV 25, 1972

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
MAKARABIROMYA BHISIT MD		ST. AGNES HOSPITAL CATON & WILKENS AVES. BALTO., MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/28/72	Glen Haven Cemetery	Glen Burnie, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney Lackman	George J. Gonce	4001 Ritchie Highway

VS 150-REV. 1/1968

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G-500 72 11304 REG. NO. 72 11304 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): MORRIS GAHN
2. DATE AND HOUR OF DEATH: NOV. 25/72 6:25 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: MARYLAND; B. COUNTY: 2717; C. CITY OR TOWN: BALTIMORE; D. INSIDE CITY LIMITS? YES ☐ NO ☐; E. STREET AND NUMBER: 5105 QUEENSBERRY AVENUE #21215
5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH
9. AGE (In years last birthday): 84 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAILOR
10B. KIND OF BUSINESS OR INDUSTRY: SHOP
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES — (If yes, give war or dates of service): W.W. I ARMY
16. SOCIAL SECURITY NO.: 215-01-6820
17. INFORMANT: MRS. JEAN GAHN, 5105 QUEENSBERRY AVE. #21215 — ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
1B. 410.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Acute myocardial infarction — 6hs
DUE TO, OR AS A CONSEQUENCE OF: coron. arteriosclerosis — yrs
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED — While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1940 19__ to 11/25 1972, that (I) (we) last saw the deceased alive on 11/25 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Milton B. Kirsh DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11/27/72
23C. PHYSICIAN'S NAME (Type): MILTON B. KIRSH DEGREE
23D. ADDRESS: 4000 W. NORTHERN PKWY.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11/27/72
24C. NAME of CEMETERY or CREMATORY: ANSHE NEISEN
24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney Norton
25C. FUNERAL DIRECTOR — ADDRESS: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

VS 150-REV. 11/68

1

72 11305 STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

K-260
BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11305

1. NAME OF DECEASED (Type or Print)	Moir Koger	2. DATE OF DEATH — Known ☒ Estimated ☐	Month: 11	Day: 24	Year: 72 — Hour: 9:30A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION	00	(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 111 W. Center Street	3. DATE PRONOUNCED DEAD	Month: 11	Day: 24 — Year: 72 — Hour: 9:30A. M.
5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Maryland	B. COUNTY	1102		
6. SEX	Male	7. RACE: White	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN: Baltimore	D. INSIDE CITY LIMITS? YES ☐ NO ☐
9. DATE OF BIRTH	NOVEMBER 4, 1904	10. AGE (In years last birthday) 68	If Under 1 Yr. Months / Days / Hours / Min. / If Under 24 Hrs. Hours / Min.	E. STREET AND NUMBER	111 W. Center Street, APT. 902
11. BIRTHPLACE (State or foreign country)	VIRGINIA	12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME	ROBERT LEE KOGER	
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	PROPRIETOR	14B. KIND OF BUSINESS OR INDUSTRY: RESTAURANT	15. MOTHER'S MAIDEN NAME	CAROLINE ANN ?	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	YES W.W. II ARMY	17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS: MRS. SANDRA PASIPANKI, 915 HOLGATE DR., APT. G	

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I 412.7

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular
DUE TO, OR AS A CONSEQUENCE OF: disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Chronic lung disease

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
0		No

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: W P Mulloy M.D.
EXAMINER'S NAME (Type): William P. Mulloy, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11-24-72

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11/27/72	CRESTLAWN	BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney Morton	SOL LEVINSON & BROS.,	6010 REISTERSTOWN ROAD

VS 151-REV. 1/1/68

BIRTH NO. H-620 72 11306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11306

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): GERTRUDE HIRSCH

2. DATE AND HOUR OF DEATH: NOVEMBER 26, 1972 | 6:15 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JEWISH CONVALESCENT HOME 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTO 5300
C. CITY OR TOWN: ~~BALTIMORE~~ RANDALLSTOWN
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 3802 JANBROOK ROAD

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
FEMALE	WHITE		APRIL 15, 1878	94				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	AT HOME	RUSSIA	USA

13. FATHER'S NAME: JOSEPH SHAMUCK

14. MOTHER'S MAIDEN NAME: PEARL ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	508-38-9197D	MRS. IDA MASHBAUM	3802 JANBROOK RD. #21133

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	ASCVD	5yr
DUE TO, OR AS A CONSEQUENCE OF: (B)	Fractured Hip	1yr
DUE TO, OR AS A CONSEQUENCE OF: (C)	Anemia	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1970 19 to 11/26 1972, that (I) (we) last saw the deceased alive on 11/20 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Edward S. Kallins MD (DEGREE) — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐ — 23B. DATE SIGNED: 11/27/72

23C. PHYSICIAN'S NAME (Type): EDWARD S. KALLINS MD (DEGREE) — 23D. ADDRESS: 6000 PARK HEIGHTS AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11/27/72	HEBREW YOUNG MEN	BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney Morton	SOL LEVINSON & BROS.	6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

E-520 72 11307

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11307

STATE OF MARYLAND-DEPT

1. NAME OF DECEASED (Type or Print): Carl Ennis

2. DATE AND HOUR OF DEATH: Nov 26, 1972 6:28 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: 4-02
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: Century Nursing Home 102 N. Pace

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	W		5-23-86	86				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Gardner		MD.	U.S.A.

13. FATHER'S NAME: William Ennis

14. MOTHER'S MAIDEN NAME: Fannie Mathews

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		217-05-5314	Doris Allen	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Hypotension	4 hrs
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	GI bleeding	20 days
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Ruptured Vein	20 days

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		Yes	No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No		

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 6 19 72 to Nov 26 19 72 that (I) (we) last saw the deceased alive on Nov 6 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☒	23B. DATE SIGNED
Casper E. Cline III, MD					11/26/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Casper E. Cline III, MD		6607 Copper Ridge Drive Balt, md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/30/72	New Cathedral Cem.	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney Winston	John T. Sedansbruy	6411 Windsor Mill Rd.

VS 150-REV. 1/1/68

3/24/65 - Adm.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-300

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11308

REG. NO.

STATE OF MARYLAND-DRMH

72 11308

1. NAME OF DECEASED (Type or Print): William N. Boyd Jr.

2. DATE AND HOUR OF DEATH: 11/27/72 10:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hosp. Balto. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto. 5300
C. CITY OR TOWN: Woodlawn D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 5408 W. North Ave.

5. SEX	6. RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	White		6/21/19	53		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auto Repairs	Auto	N J	U S A

13. FATHER'S NAME: Wm. N. Boyd Sr.

14. MOTHER'S MAIDEN NAME: Ester E. Agnew

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	219 05 9640	Mary R. Boyd	5408 W. North Ave. 21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiac arrest
DUE TO, OR AS A CONSEQUENCE OF:

(B) Acute diaphragmatic M.I.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: (A) ; (B) 4 days ; (C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 2-12- 1970 to 11-27- 1972, that (I) (we) last saw the deceased alive on 11-27- 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☐	23B. DATE SIGNED
C. Valle Cavero					11-28-72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
CESAR VALLE CAVERO		8629 Liberty Rd.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	11/30/72	Lorraine Park Cem.	Woodlawn Balto. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney J. Norton	John T. Stansbury	6411 Windsor Mill Rd.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G-200 72 11309 REG. NO. 72 11309 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): ANNA M. GIESE

2. DATE AND HOUR OF DEATH: NOV 23 | 4.50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTO 5300
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 509 OVERBROOK ROAD

5. SEX: F | 6. RACE: W | 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 09-15-98 | 9. AGE (In years last birthday): 74 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: UNKNOWN Harry Moore
14. MOTHER'S MAIDEN NAME: UNKNOWN Kate

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213 16 3103
17. INFORMANT: RUTH ADAMS ADDRESS: 2005 LYDONLEA WAY BALTO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

I (A) IMMEDIATE CAUSE: ACUTE MYOCARDIAL INFARCTION — DUE TO, OR AS A CONSEQUENCE OF:
(B) ARTERIOSCLEROSIS — DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No) | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOV 22 ND 19 72 to NOV 23RD 19 72 that (I) (we) last saw the deceased alive on NOV 23 RD 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE | Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ] | 23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type): ANDRES E. SUAREZ, MD DEGREE | 23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation | 24B. DATE: 11/24/72 | 24C. NAME of CEMETERY or CREMATORY: Greenmount Crematory | 24D. LOCATION (City, town, or county) (State): Greenmount Ave Balto Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972 | 25B. NAME OF REGISTRAR: [signature] | 25C. FUNERAL DIRECTOR ADDRESS: Mitchell Wiedefeld Home 6500 York Rd

VS 150-REV. 4/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shown: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-416 72 11310 REG. NO. 72 11310

STATE OF MARYLAND—DHMH

1. NAME OF DECEASED (Type or Print): MARY E. CLIFFORD

2. DATE AND HOUR OF DEATH: Nov 24 '72 5. P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 1202
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 335 E 30TH STREET

5. SEX: F 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 11-19-88 9. AGE (In years last birthday): 84 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN McNANEY 14. MOTHER'S MAIDEN NAME: BAUMILLER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No -

16. SOCIAL SECURITY NO.: 212 18 2164

17. INFORMANT: MRS RUTH CLIFFORD ADDRESS: 1108 ANDOVER ST

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I 436.9
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: CARDIO RESP. ARREST — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B) Poss CEREBRO VASCULAR ACCIDENT
DUE TO, OR AS A CONSEQUENCE OF:
(C) ARTERIOSCLEROSIS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 24 19 72 to Nov 24 19 72, that (I) (we) last saw the deceased alive on Nov 24 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Andres Suarez DEGREE: Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): ANDRES SUAREZ, M.D. DEGREE: 23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 11/27/72 24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem. 24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972 25B. NAME OF REGISTRAR: [signature] 25C. FUNERAL DIRECTOR: MITCHELL-WIEDEFELD ADDRESS: 6500 York R.

VS 1S0-REV. 1/1/68

1

72 11311 STATE OF MARYLAND-DHMH

BALTIMORE CITY HEALTH DEPARTMENT

S-126

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11311

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROSALIND SPICER			2. DATE OF DEATH Known ☐ Estimated ☐	Month 11	Day 26 - 72	Hour 5:50 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial HOspital			3. DATE PRONOUNCED DEAD	Month 11	Day 26	Year 1972	Hour 5:50 P.M.
6. SEX: female	7. RACE: negro	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	B. COUNTY 907	C. CITY OR TOWN Balto.	D. INSIDE CITY LIMITS? YES ☒ NO ☐
9. DATE OF BIRTH 5/18/47	10. AGE (In years last birthday) 25	If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.	E. STREET AND NUMBER 1558 Montpelier St.			
11. BIRTHPLACE (State or foreign country) Cambridge Maryland	12. CITIZEN OF WHAT COUNTRY? US		13. FATHER'S NAME JOHNNIE			
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Social Worker	14B. KIND OF BUSINESS OR INDUSTRY		15. MOTHER'S MAIDEN NAME Lucy Rebecca Spicer	2029 E. Hoffman St		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.	17. SOCIAL SECURITY NO. 215-46-9327		18. INFORMANT Sandwin ADDRESS Lucy Rebecca Spicer-2029 E. Hoffman St.			

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Interstitial Myocarditis — DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

428X1

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
12		yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S: Ronald N. Kornblum M.D.

NAME (Type) Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ ASSOCIATE MEDICAL EXAMINER ☐

Deputy Chief Medical Examiner

DATE SIGNED 11-27-72

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-2-72	Baltimore Cemetary Co	Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney Winston	William J. Spicer	1639 N. Broadway

VS 151-REV. 1/1/68

1-5-1973 - Completion of cause of death on a pending medical examiner death certificate-
Ronald N. Kornblum, M.D. hs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. N-250 72 11312 REG. NO. 72 11312

STATE OF MARYLAND-DEPT OF HEALTH

1. NAME OF DECEASED (Type or Print): Harry Newson (Newsome)

2. DATE AND HOUR OF DEATH: 11/27/72 5:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Md. General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1703
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1302 Argyle Ave.

5. SEX: M 6. RACE: N 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: ? 9. AGE (In years last birthday): 54 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Newsome
14. MOTHER'S MAIDEN NAME: Martha Cole

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Chart ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Intracerebral hemorrhage	3 wks
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Hypertensive arteriosclerotic cardiovascular disease	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Aspiration pneumonia	3 wks

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 11/6 19 72 to 11/27 19 72 that (I) (we) last saw the deceased alive on 11/27 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: James H Biddison, MD DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/29/72
23C. PHYSICIAN'S NAME (Type): JAMES H BIDDISON, MD DEGREE
23D. ADDRESS: Md. General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/29/72
24C. NAME of CEMETERY or CREMATORY: MT Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR ADDRESS: Adolphus Halstead 1206 W North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. A-200 72 11313 REG. NO. 72 11313

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): Joseph M. Ash

2. DATE AND HOUR OF DEATH: November 27, 1972 | 1:40 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 5300
C. CITY OR TOWN: ~~Baltimore~~ DUNDALK D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 8200 Waters Edge Road 21222

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
MALE	Cauc.	MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	04/28/07	65	—	—	—	—

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CLERK	STEEL MILL	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Ash	Agnes Miller

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO —	213-07-2639	MARY A. ASH - WIFE - AS IN #4	

MEDICAL CERTIFICATION

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAUSE: Pneumonia AND Aspiration	~10 hrs
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) DUE TO, OR AS A CONSEQUENCE OF: Bleeding	13 days
	(C) hemophilia	65 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
—	—	NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 14 19 72 to November 27 19 72, that (I) (we) last saw the deceased alive on November 27 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Joel Moss MD DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒	11/27/72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Joel Moss, M.D. DEGREE	Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11/30/1972	SACRED HEART JESUS	BALTO. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Audrey M. Morton	Walter Brooks Buddy	Dundalk, Md

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-250 72 11314

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11314

REG. NO.

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): CORA JACKSON

2. DATE AND HOUR OF DEATH: 11/27/72 | 12:55 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: LUTHERAN HOSP. OF MARYLAND

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 730 ASHBURTON, BALTIMORE, MD. 21216

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 1502

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1834 PRESSTMAN STREET

5. SEX: FEMALE

6. RACE: N AMERICAN

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

9. AGE (In years last birthday): 57

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): VA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Percy Tunner

14. MOTHER'S MAIDEN NAME: Lilly F. Hill

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Rosetta Davis ADDRESS: 2037 Park Ave.

MEDICAL CERTIFICATION

18. 153.8

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B) TERMINAL CANCER OF THE COLON (METASTATIC)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: D 10/31/72

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CANCER OF THE COLON

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/28 19 72 to 11/27 19 72 that (I) (we) last saw the deceased alive on 11/27 19 72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: B Gonzales Jr MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 11/27/72

23C. PHYSICIAN'S NAME (Type): BERNARDO D. GONZALES JR MD DEGREE

23D. ADDRESS: LUTHERAN HOSP. OF MARYLAND

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-1-72

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem

24D. LOCATION (City, town, or county) (State): Balto Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972

25B. NAME OF REGISTRAR: Audrey Parker

25C. FUNERAL DIRECTOR: WM C MARCH ADDRESS: 928 E North Ave

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-200 72 11315

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

72 11315

BIRTH NO. REG. NO.

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): Mararet Moyes (Marguerite)

2. DATE AND HOUR OF DEATH: 11-26-72 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 44 Union Memorial
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1204
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 447 E. 22nd St.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	Negro	WIDOWED [X]	5-19-04	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		South Carolina	U.S.A.

13. FATHER'S NAME: Paul Banister

14. MOTHER'S MAIDEN NAME: Francis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	218-22-5008	Janie McCoy	428 E. 22nd St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Hypertensive Cardiovascular Disease	
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Hypertension	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Arteriosclerosis	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from June 1964 19 ___ to November 19 72 that (I) (~~we~~) last saw the deceased alive on October 16 19 72 and that in(my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Jesse T. Holmes M.D. DEGREE	Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]	11/28/72

23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS
Jesse T. Holmes	M.D. DEGREE	508 E North ave. Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	11-29-72	Mt. Auburn Cemetery	Baltimore	Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney Winston	Wm. C. March	928 E. North Ave

VS 150-REV. 1/1/68

1

CASE 5

11 24 77

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-460 72-15165 72 11316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11316

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): [redacted], Vanessa L. Miller

2. DATE AND HOUR OF DEATH: 11/24/72 10:09 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 301
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1516 E. Baltimore Street

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	If Under 1 Yr. Days	If Under 24 Hrs. Hours	If Under 24 Hrs. Min.
Female	Cauc.	NEVER MARRIED	10/10/72		1	14		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHILD
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Church Home Hospital Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Robert Miller
14. MOTHER'S MAIDEN NAME: Kathy [redacted] McDaniel.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mr. Robert Miller - 137 N. Broadway ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Hypovolemic shock	45 min
(B) DUE TO, OR AS A CONSEQUENCE OF:	Intestinal perforation	
(C)	Gastroschisis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Gastroschisis repair 10/10/72 & perforated ileum 10/12/72	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
10/10/72 Gastroschisis 10/12/72 visc perf	do above	Yes	Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/10 19 72 to 11/24 19 72, that (I) (we) last saw the deceased alive on 11/24 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert Walton MD DEGREE
Attending Phys. [ ] Mod. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/24/72
23C. PHYSICIAN'S NAME (Type): Robert Walton M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-25-72	Mt. Carmel Cem.	Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney Morton
25C. FUNERAL DIRECTOR: Harley Miller ADDRESS: 2334 Jefferson St.

VS 150-REV. 1/1/68

1

S-520 72 11317 STATE OF MARYLAND-DHMH

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 72 11317

1. NAME OF DECEASED (Type or Print) EUGENE SAWINSKI

2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD Month Day Year November 22, 1972 Hour 11:55 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
OD 216 N. Maderia Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 603

6. SEX Male

7. RACE White

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH 10-23-1923

10. AGE (In years last birthday) 49

If Under 1 Yr. Months, Days, If Under 24 Hrs. Hours, Min.

E. STREET AND NUMBER 216 N. Maderia Street

11. BIRTHPLACE (State or foreign country) UNKNOWN.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME STEPHAN SAWINSKI

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHECKER

14B. KIND OF BUSINESS OR INDUSTRY TRUCKING IND.

15. MOTHER'S MAIDEN NAME MINNIE SZALAPSKI

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES W.W.-II

17. SOCIAL SECURITY NO.

18. INFORMANT ADDRESS Mr. John J. Zombro - 3345 Kentucky Ave.

MEDICAL CERTIFICATION

19. 4127 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No) no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23.

I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.

Deputy CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 11/23/72

24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL

24B. DATE 11-27-72

24C. NAME of CEMETERY or CREMATORY OAKLAWN CEM.

24D. LOCATION (City, town, or county) (State) BALTO., MD.

25A. DATE REC'D BY HEALTH DEPT. NOV 28 1972

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR ADDRESS Hartley Miller - 2334 Jefferson St.

VS 151-REV. 7/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-616 72 11318 REG. NO. 72 11318

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): HERFURTH, OSCAR E.

2. DATE AND HOUR OF DEATH: 11-26-72 10:45 AM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL, BALTIMORE, MD 21205

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 703
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2329 E. MADISON STREET

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
MALE	WHITE	WIDOWED [X]	05-14-95	77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTER	CARPENTRY	NEW JERSEY	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES HERFURTH	ANNIE -

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	—	213-10-2460	Mrs. Violet E. Hand -	2540 Fait Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiorespiratory arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Long standing Arteriosclerotic Cardio-vascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-21 19 72 to 11-26 19 72, that (I) (we) last saw the deceased alive on 11-26 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Nelda P. Wray M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ] — 23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): NELDA P. WRAY M.D. DEGREE — 23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11-29-72	BALTIMORE CEMETERY	BALTO., MD.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	[illegible]	Harley Miller	- 2334 Jefferson St.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. Y-520 72 11319

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11319

STATE OF MARYLAND—DEATH

1. NAME OF DECEASED (Type or Print): Robert Glynn Young

2. DATE AND HOUR OF DEATH: Nov 26, 1972 | 2:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: U.S. Public Health Service Hosp.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Wyman Park Dr & 31st St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: ~~25 Riverside Rd~~
C. CITY OR TOWN: Baltimore Md
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 25 Riverside Rd #21221

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May 26 1911
9. AGE (In years last birthday): 61
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman
10B. KIND OF BUSINESS OR INDUSTRY: 2nd Mate Shipping
11. BIRTHPLACE (State or foreign country): Fla - Florida
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Young
14. MOTHER'S MAIDEN NAME: Madeline Strombere

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Unknown
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 086-16-4136
17. INFORMANT: Mrs. Frances Young — ADDRESS: 25 Riverside Road #21221

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiovasc. Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
(B): Massive Myocardial Infarct — 1 week
DUE TO, OR AS A CONSEQUENCE OF:
(C): Cardiogenic Shock

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Gangrene of Left Foot

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 15 1972 to Nov 26 1972 that (I) (we) last saw the deceased alive on Nov 26 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Laurence Boas M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: Nov 26 72
23C. PHYSICIAN'S NAME (Type): LAWRENCE BOAS MD DEGREE
23D. ADDRESS: U.S.P.H.S. Hosp Balt Md

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/30/72
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney Weston
25C. FUNERAL DIRECTOR: George R. Weber — ADDRESS: 705 S. Ann St.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. J-525 72 11320 REG. NO. 72 11320

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Johnsin, Marie

2. DATE AND HOUR OF DEATH: 11/21/72 | 4:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 15 47
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [x] NO [ ]
E. STREET AND NUMBER: 2303 Rosedale Street

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Female	Negro	WIDOWED [x]	11/27/1885	86				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Maryland	U.S.A.

13. FATHER'S NAME: Andrew Bell

14. MOTHER'S MAIDEN NAME: Augusta Johnson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-22-3507A

17. INFORMANT: Gwendolyn Chester, 2303 Rosedale St. ADDRESS

CAUSE OF DEATH

1B. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Cardiogenic shock	
(B) DUE TO, OR AS A CONSEQUENCE OF:	Myocardial infarction	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		Yes	No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/13 19 72 to 11/21 19 72, that (I) (we) last saw the deceased alive on 11/21 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
John E Anderson MD DEGREE	Attending Phys. [ ] Med. Director [ ] Staff Phys. [x]	11/21/72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
John E. Anderson, M.D. DEGREE	The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/27/72	New Cathedral	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Sidney Morton	Kenneth Law,	4611 Park Heights Ave.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-320 72 11321 REG. NO. 72 11321

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): EDWARD J. RHODES

2. DATE AND HOUR OF DEATH: 11. 22. 72 | 3:55 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 21216 1503
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1727 Moreland Ave

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	B	MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	2. 18. 20	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bethleham Steel Co.		S.C.	U.S.A.

13. FATHER'S NAME: Robert Rhodes

14. MOTHER'S MAIDEN NAME: Annie Frances

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 248-26-3272

17. INFORMANT / ADDRESS: Mozene Rhodes, 1727 Moreland Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Injury Cervical Spine
DUE TO, OR AS A CONSEQUENCE OF: and Chest
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 26 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Nov, 10, 1972	Fracture Spine	No	

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
☒	300 N. Robert St	Madison & Roberts St 14-03

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
10. 29. 72 1:50 PM	While At Work ☐ Not While At Work ☒	Driver - Auto Accident

22. I certify that (I) (this hospital) attended the deceased from 10. 29. 19 72 to 11. 22. 19 72
that (I) (we) last saw the deceased alive on 11. 22. 72 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ahsan Khan M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11. 22. 72
23C. PHYSICIAN'S NAME (Type): AHSAN S. KHAN. M.D. DEGREE
23D. ADDRESS: Maryland General Hospital Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-28-72	Arbutus Memorial Park	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR / ADDRESS
NOV 28 1972	Sidney Winston	Kenneth H. Law, 4611 Park Heights Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-150 72 11322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11322

REG. NO.

STATE OF MARYLAND-DHMH

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Jessie Spann

2. DATE AND HOUR OF DEATH: 11-27-72 | 2:38 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital of Md.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: 1602
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1138 Whatcoat St. 21217

5. SEX: M | 6. RACE: B | 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] | 8. DATE OF BIRTH: 9-14-42 | 9. AGE (In years last birthday): 30 | If Under 1 Yr. Months / Days | If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): S.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Spann | 14. MOTHER'S MAIDEN NAME: Janie Thomas

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 247601292 | 17. INFORMANT: Joyce Spann | ADDRESS: 1138 Whatcoat St

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 746.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Acute Pulmonary Embolism (recurrence) — 1 hour

(B) DUE TO, OR AS A CONSEQUENCE OF: atrial septal defect — unknown

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 1 | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No): Yes | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] | 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/28/72 19 to 11/27 19 72 that (I) (we) last saw the deceased alive on 11/27 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: D. W. Stewart, M.D. DEGREE | Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] | 23B. DATE SIGNED: 11/27/72

23C. PHYSICIAN'S NAME (Type): D. W. STEWART, M.D. DEGREE | 23D. ADDRESS: 2300 Garrison Blvd.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-2-72	Mt. Auburn Cem.	Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972 | 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR: V. Bailey | ADDRESS: Kelson F.H. 1348 Calhoun street

VS 150-REV. 1/1/68

D-120 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 72 11323 REG. NO. 72 11323

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): DAVIS, SARAH

2. DATE AND HOUR OF DEATH: 11/25/72 7:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTIMORE 301
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1521 E. BALTIMORE ST, BALTO.

5. SEX: F 6. RACE: N 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 10/07/07 9. AGE (In years last birthday): 65 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Import, VA. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EVANS, JOSEPH 14. MOTHER'S MAIDEN NAME: RIDLEY, ANNIE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 214-22-2741

17. INFORMANT: Viola Davis ADDRESS: Same

CAUSE OF DEATH

1B. 250.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cardio - Respiratory Arrest	3 Min
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Chronic Renal Failure	1 year
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Diabetes	20 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED White At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/10 19 72 to 11/25 19 72, that (I) (we) last saw the deceased alive on 11/25 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Craig T. Hartmark, M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: 11/25/72

23C. PHYSICIAN'S NAME (Type): CRAIG T. HARTMARK M.D. DEGREE 23D. ADDRESS: JOHNS HOPKINS HOSP

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 11-30-72 24C. NAME of CEMETERY or CREMATORY: MT. Auburn Cem. 24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972 25B. NAME OF REGISTRAR: Sidney M Norton 25C. FUNERAL DIRECTOR: Edward O. Wilson ADDRESS: 1000 Brantley Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 72 11324 REG. NO. 72 11324 STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): JENNINGS NORA
2. DATE AND HOUR OF DEATH: 11/26/72 12 Noon M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3 Johns Hopkins Hosp. Tel 601 N. Broadway
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland, B. COUNTY: 802
C. CITY OR TOWN: BALTIMORE City D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1737 N. MILTON AVE
5. SEX: F 6. RACE: Negro 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 4/7/87 9. AGE (In years last birthday): 85 If Under 1 Yr. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED Cotton Mill WORKER
10B. KIND OF BUSINESS OR INDUSTRY: COTTON
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: ANTHONY JONES
14. MOTHER'S MAIDEN NAME: Mariah Miller
15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Daughter ADDRESS: Same

CAUSE OF DEATH

18. 436.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardio Resp Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 20 min
DUE TO, OR AS A CONSEQUENCE OF:
(B) Multiple Probable Cerebrovasc. Accidents — 48 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/25 19 72 to 11/26 19 72, that (I) (we) last saw the deceased alive on 11/26 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. R. DePaulo Jr. MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ — 23B. DATE SIGNED: 11/26/72
23C. PHYSICIAN'S NAME (Type): J. Raymond DePaulo Jr MD DEGREE — 23D. ADDRESS: J H H

24A. BURIAL CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 12-1-72 — 24C. NAME of CEMETERY or CREMATORY: Balto. Mem. — 24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972 — 25B. NAME OF REGISTRAR: Audrey M. Norton — 25C. FUNERAL DIRECTOR: Ehrig O. Wilson — ADDRESS: 1100 Brantley Ave.

VS 150-REV. 1/1/68

1

R-553

72 11325 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11325

BIRTH NO. STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Isaac Raymond

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 23 — Year: 72 — Hour: 1:00 P.M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 23 — Year: 72 — Hour: 1:00 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1001 Wilmont Court

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 102
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐

6. SEX: Male m
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Mar. 3, 1905
10. AGE (In years last birthday): 67
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.:

E. STREET AND NUMBER: 1001 Wilmont Court

11. BIRTHPLACE (State or foreign country): Midland, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Raymond

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
14B. KIND OF BUSINESS OR INDUSTRY: None
15. MOTHER'S MAIDEN NAME: Martha —

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.: 573-12-5927
18. INFORMANT: Louise Arnold — Daughter
ADDRESS:

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

571.8

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty metamorphosis of liver
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: W P Mulloy M.D.
EXAMINER'S NAME (Type): William P. Mulloy, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11-24-72

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 11-28-72
24C. NAME of CEMETERY or CREMATORY: Mt CALVARY
24D. LOCATION (City, town or county) (State): BRUNSWICK, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney Winston
25C. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: 1000 Brantley

VS 151-REV. 1/1/68

G-6013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 72 11326 REG. NO. 72 11326

STATE OF MARYLAND-DEPT

1. NAME OF DECEASED (Type or Print): Mr Charles Grant

2. DATE AND HOUR OF DEATH: 11-22-72 6 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4 Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 2562 Fair mount Ave
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2562 W. Fairmount Ave.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	B	[X] NEVER MARRIED	2-2-90	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Grant
14. MOTHER'S MAIDEN NAME: Josephine Thomas

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No —
16. SOCIAL SECURITY NO.: 219-30-9150A
17. INFORMANT: Bessie Wilson ADDRESS: Same

MEDICAL CERTIFICATION

18. 390.01

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	RENAL FAILURE POSS. CHRONIC	NOT KNOW
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	NOT DETERMINED YET POSS. CHRONIC PYELONEPHRITIS	NOT KNOW
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
—	—	Yes	Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
NO	—	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?
—		—

22. I certify that (I) (this hospital) attended the deceased from 11/11/72 19 to 11/22/72 19
that (I) (we) last saw the deceased alive on 11/4/72 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Chathan DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/22/72
23C. PHYSICIAN'S NAME (Type): CHAIHAN UNGBHAKORN, M.D. DEGREE
23D. ADDRESS: BON SECOURS HOSP. 2025 W. FAYETTE ST., BALTIMORE, Md. 21223

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-27-72	Mt. Auburn Cem.	Balto Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney J. Wootton
25C. FUNERAL DIRECTOR: C. J. Schwarz ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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P-536

72 11327 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. STATE OF MARYLAND-DEMC REG. NO. 72 11327

1. NAME OF DECEASED (Type or Print): John W. Pinder

2. DATE OF DEATH: Known XX Estimated ☐ Month 11 Day 22 Year 72 Hour M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 950 Duncan St.

3. DATE PRONOUNCED DEAD: Month 11 Day 22 Year 72 Hour 10:00 a. M.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY 703

6. SEX: male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☑ NO ☐

9. DATE OF BIRTH: Dec. 2, 1844
10. AGE (In years last birthday): 78
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
E. STREET AND NUMBER: 950 N. Duncan St.

11. BIRTHPLACE (State or foreign country): Cambridge Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Noah Pinder

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
14B. KIND OF BUSINESS OR INDUSTRY: Chem. Co.
15. MOTHER'S MAIDEN NAME: Mollie —

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.: 216-07-0773
18. INFORMANT: Rebecca Pinder ADDRESS: Same

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I 412.4 Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/22/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-27-72
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney [illegible]
25C. FUNERAL DIRECTOR: Ehrgott O'Connor
ADDRESS: 1000 Brantley Ave. Balto. Md.

VS 151-REV. 1/1/68

1

F-652

72 11328 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11328

BIRTH NO.

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Annie H. Franklin

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 11 — Day: 25 — Year: 72 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 25 — Year: 72 — Hour: 4:20 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: OD
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2920 Pressman St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 1607
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2920 Pressman St.

6. SEX: female
7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH
10. AGE (In years last birthday): 75
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

11. BIRTHPLACE (State or foreign country): Greenville, S. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Peter Ligons
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY: None
15. MOTHER'S MAIDEN NAME: Anna —
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.: 218-18-0154
18. INFORMANT: Raymond Holmes ADDRESS: 3902 Harrison Blvd

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

4/2.4 I

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Peter Lipkovic, M.D. M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: 11/25/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-29-72
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Arbutus Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 28 1972
25B. NAME OF REGISTRAR: Sidney M. Norton
25C. FUNERAL DIRECTOR: Ehney O. Wilson ADDRESS: 1000 Brantley Ave. Balto. Md.

VS 151-REV. 7/1/68

1

T-524

72 11329 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11329

BIRTH NO. STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): BILL EDWARD TINSLEY, JR.

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: November — Day: 27 — Year: 1972 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: November — Day: 27 — Year: 1972 — Hour: 1:03 P M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 501 W. Franklin Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1701

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: ~~10/22/24~~ 10/2/24
10. AGE (In years last birthday): 48
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 501 W. Franklin Street

11. BIRTHPLACE (State or foreign country): Rusk, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William W. Tinsley, Jr.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY: Retired Veteran
15. MOTHER'S MAIDEN NAME: Nina M. Munmon

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 449-26-1409
18. INFORMANT: Mrs. Lena Hubbard — ADDRESS: 6828 Seward Rd So Washington Seattle,

MEDICAL CERTIFICATION

19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Bronchopneumonia

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: November 28, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/2/72
24C. NAME of CEMETERY or CREMATORY: Washelli Cemetery
24D. LOCATION (City, town, or county) (State): Seattle, Washington

25A. DATE REC'D BY HEALTH DEPT.: NOV 29 1972
25B. NAME OF REGISTRAR: Sidney J. Norton
25C. FUNERAL DIRECTOR: Mary E. Law
ADDRESS: 802 Madison Ave, Balt., Md.

VS 151-REV. 1/1/68

62-20-50 gpw 1

B-525 72 11330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11330

STATE OF MARYLAND-DHMH

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bankins, Christine

2. DATE AND HOUR OF DEATH: 11/26/72 2:20 AM | 2:20 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Baltimore City Hospitals
4940 Eastern Avenue
Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: ST. MARY'S 6800

C. CITY OR TOWN: Mechanicsville D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: Route 1

5. SEX: Female 6. RACE: Negro 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 8-31-96 9. AGE (In years last birthday): 76

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Thomas Gray

14. MOTHER'S MAIDEN NAME: Janie Woodland

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: 4940 Eastern Avenue ADDRESS: BCH RECORDS: Baltimore, Maryland 21224

MEDICAL CERTIFICATION

E893X

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Sepsis	3 days
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	CHF (Heart failure)	1 week
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	60-65% 3° BURNS	11 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Angina HBP	

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

19A. DATE OF OPERATION: NONE 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYIND ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21C. WHERE DID INJURY OCCUR? Route 1 Mechanicsville (If in Baltimore City, give exact location) 6800

21D. TIME OF INJURY (APPROX.): (Month) 11 (Day) 15 (Year) 72 (Hour) 9 P

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☒

21F. HOW DID INJURY OCCUR? ~~Stove ignited~~ while lighting stove clothes caught FIRE

22. I certify that (i) (this hospital) attended the deceased from 11/15 19 72 to 11/26 19 72 that (i) (we) last saw the deceased alive on 11/25 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Ronald Hantman M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED: 11/26/72

23C. PHYSICIAN'S NAME (Type): RONALD HANTMAN Ronald Hantman M.D. DEGREE

23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Nov. 30, 1972	St Josephs	Morganza, St Mary's, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 29 1972 25B. NAME OF REGISTRAR: Lindsay Hamilton

25C. FUNERAL DIRECTOR: W. Clarke Mattingley ADDRESS: Leonardtown, Maryland

VS 150-REV. 1/1/68

Released By Md. Examiner

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

a.a.co. 72-26567

T-460 72 11331

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11331

STATE OF MARYLAND-DEPT

1. NAME OF DECEASED (Type or Print): Vicki Lynn Taylor

2. DATE AND HOUR OF DEATH: Nov 26, 1972 | 16:07 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38U of Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: AA 5200
C. CITY OR TOWN: Edgewater
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 3426 Pike Ridge Road

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Female	White	NEVER MARRIED ☒	11/24/72			2		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	none	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Barry Taylor	Loudema Gwinn

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	—	—	LOUDEMA G. TAYLOR	#4

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	PREMATURITY	2 DAYS
(B) DUE TO, OR AS A CONSEQUENCE OF:	HYALINE MEMBRANE DIS	2 DAYS
(C)	INTRACRANIAL BLEEDING	2 DAYS

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		Yes	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/24 19 72 to 11/26 19 72 that (I) (we) last saw the deceased alive on 11/26 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: N. Ashman M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 11/26/72

23C. PHYSICIAN'S NAME (Type): Gail E. Ashman M.D. DEGREE — 23D. ADDRESS: University of Maryland Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	11-29-72	GLEN HAVEN MEM PK	GLEN BURNIE AA MD

25A. DATE RECD. BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR — ADDRESS
NOV 29 1972	Bridget Worthy	JOHN M. TAYLOR SONS ANNAPOLIS MD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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72 11332 STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

T-512
BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11332

1. NAME OF DECEASED (Type or Print) Vernon Thompson		2. DATE OF DEATH Known ☒ Estimated ☐	Month 11	Day 24	Year 72 Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital		3. DATE PRONOUNCED DEAD	Month 11	Day 24	Year 72 Hour 10:33 p.m.
		5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		B. COUNTY 1001	
6. SEX male	7. RACE Negro	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Balto.	D. INSIDE CITY LIMITS? YES ☒ NO ☐	
9. DATE OF BIRTH July 12,1931	10. AGE (In years last birthday) 41	If Under 1 Yr. If Under 24 Hrs. Months / Days / Hours / Min.	E. STREET AND NUMBER 1215 Wilcox St.		
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William L. Thompson		
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	14B. KIND OF BUSINESS OR INDUSTRY		15. MOTHER'S MAIDEN NAME Mary Reta Johnson		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES Korean Conflict	17. SOCIAL SECURITY NO. 217 24 0642		18. INFORMANT Joyce A. Thompson	ADDRESS 5244 Linden Hghts	

E965.X

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Shotgun wound of chest
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION 12	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1215 Wilcox St. 1001
22D. TIME OF INJURY (APPROX.) (Month) 11 (Day) 24 (Year) 72 (Hour) 10:14p.m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCCUR? Subject shot during altercation

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type) Peter Lipkovic, M.D. M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 11/25/72

24A. BURIAL CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/30/72	24C. NAME of CEMETERY or CREMATORY Arbutus Memorial Park	24D. LOCATION (City, town, or county) Baltimore	(State) Md.
25A. DATE REC'D BY HEALTH DEPT. NOV 29 1972	25B. NAME OF REGISTRAR Sidney Silverstone	25C. FUNERAL DIRECTOR Lewis T Gwynn	ADDRESS 4517 Park Heights Ave.	

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-000 72 11333 REG. NO. 72 11333 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Rowe, Margaret Allen

2. DATE AND HOUR OF DEATH: 11/27/72 7:30 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 15 06
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: Montebello stat Hosp.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	W	WIDOWED [X]	8/20/14	58		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Bender
14. MOTHER'S MAIDEN NAME: Anna Talbott

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-24-0829
17. INFORMANT: MRS. GLADYS ARNOLD ADDRESS: 418 LORRAINE AVE

CAUSE OF DEATH

18. 411.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE / DUE TO, OR AS A CONSEQUENCE OF: Acute Coronary insufficiency — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: I

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Malnutrition, Cachexia, Bedsore, Organic brain Syndrome, G.I. bleeding I

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/23 1972 to 11/27 1972, that (I) (we) last saw the deceased alive on 11/27 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Chung-Hsien Yu M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/27/72
23C. PHYSICIAN'S NAME (Type): CHUNG-HSIEN YU M.D. DEGREE
23D. ADDRESS: The Union Memorial Hosp. Baltimore MD 21218

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-30-72	Loudon Park	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 29 1972
25B. NAME OF REGISTRAR: Sidney Morton
25C. FUNERAL DIRECTOR ADDRESS: H. W. Jenkins & Sons Co. 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

2/22/71 - Adm.

1715 Rosedale 21216.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-520

BIRTH NO. 72 11334

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11334

STATE OF MARYLAND DEATH

1. NAME OF DECEASED (Type or Print) LARRY CLEO SNUGGS

2. DATE AND HOUR OF DEATH 11/28/72 | 2.55 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
LUTHERAN HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE M.D. B. COUNTY 1602
C. CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER 805 N. GILMORE ST.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M.	N.	NEVER MARRIED ☑	11-1-25	47		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction	N.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ed Harris	Billie Mae Snuggs

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No			Hattie Secrest	8287 Belcrest Rd. Balto. Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Acute Cardio respiratory Arrest	5 min.
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Uncontrolled Diabetes	3 yrs.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Malabsorption Syndrome	3 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Cachexia, malnutrition

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No.	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While At Work ☐ Not While At Work ☐	

22. I certify that (I) (this hospital) attended the deceased from 10/24/19 72 to 11/28/19 72 that (I) (we) last saw the deceased alive on 11/28/19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒	23B. DATE SIGNED
S. Dongre			11/28/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
S.S. DONGRE		730, Ashburton St. Balto. md. 21216

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	12/2/72	Mt. Auburn	Baltimore	Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 30 1972	Lindsay Winston	William Reese, II	Bynum, Md.

VS 150-REV. 1/1/68

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STATE OF MARYLAND-DEHR
BALTIMORE CITY HEALTH DEPARTMENT

S-453 72 11335

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

T 72 11335

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): WILLIAM J. SLUNT, SR.

2. DATE OF DEATH: Known ☒ Estimated ☐ Month November Day 27 Year 1972 Hour M.

3. DATE PRONOUNCED DEAD: Month November Day 27 Year 1972 Hour 7:40 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: BALTO
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: April 17 1912
10. AGE (In years last birthday): 60
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 6811 Youngstown Avenue

11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Slunt

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY: Balto Chemical Co
15. MOTHER'S MAIDEN NAME: Dora Sauhr

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
17. SOCIAL SECURITY NO.: 215 09 9523
18. INFORMANT: William Slunt, Jr ADDRESS: 6811 Youngstown Avenue

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 412.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: November 28, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-30-72
24C. NAME of CEMETERY or CREMATORY: Sacred Heart Of Jesus
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972
25B. NAME OF REGISTRAR: Sidney Silverstone
25C. FUNERAL DIRECTOR ADDRESS: WALTER DABROWSKI 1005 DUNDALK AVENUE

VS 151-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-352 — 72 11336

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11336 — STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): KATENKAMP, HELEN MILDRED

2. DATE AND HOUR OF DEATH: NOVEMBER 28, 1972 — 2:00 A. M.

3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND — B. COUNTY: BALTIMORE — 21228
C. CITY OR TOWN: BALTIMORE — D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1404 HUBNER AVENUE 5300

5. SEX: FEMALE — 6. RACE: CAUCASIAN — 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ — 8. DATE OF BIRTH: 10 01 90 — 9. AGE (In years last birthday): 82 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): KEY PUNCH OPERATOR — 10B. KIND OF BUSINESS OR INDUSTRY: SOC. SEC. ADM. — 11. BIRTHPLACE (State or foreign country): MARYLAND — 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: DANIEL KAUFMAN — 14. MOTHER'S MAIDEN NAME: ADDIE (THOMPSON)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 216018134

17. INFORMANT: RECORDS OF ST. AGNES HOSPITAL ADDRESS: CATON & WILKENS AVES. BALTO., MD. 21229

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 250.91

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebrovascular Insufficiency
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C) Diabetes Mellitus

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO — 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from NOVEMBER 26 19 72 to NOVEMBER 28 19 72, that (X) (we) last saw the deceased alive on NOVEMBER 28 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (did not) view the body after death.

23A. SIGNATURE: K. Esna M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 11 28 72

23C. PHYSICIAN'S NAME (Type): K. ESNA DEGREE — 23D. ADDRESS: ST. AGNES HOSPITAL CATON & WILKENS AVES. BALTO., MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 11-30-72 — 24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cem. — 24D. LOCATION (City, town, or county) (State): Woodlawn Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972 — 25B. NAME OF REGISTRAR: [signature] — 25C. FUNERAL DIRECTOR: Harley Lawrence — ADDRESS: Catonsville, Md.

VS 1SO-REV. 1/1/68

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STATE OF MARYLAND-[illegible]

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 7-635 72 11337 REG. NO. 72 11337

1. NAME OF DECEASED (Type or Print): Jacob ~~Friedenberg~~ FRIEDENBERG (FRIEDENBERG)

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 24 — Year: 72 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 24 — Year: 72 — Hour: 12:48 p.m. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 820 Park Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 102

6. SEX: male

7. RACE: White

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: JAN. 8, 1895

10. AGE (In years last birthday): 77
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 820 Park Avenue

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LOUIS FRIEDENBERG

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

14B. KIND OF BUSINESS OR INDUSTRY: RETAIL

15. MOTHER'S MAIDEN NAME: SARAH SOLOMON

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 215-16-7885

18. INFORMANT: HEBREW FREE BURIAL SOCIETY, C/O MOSE MORRIS, JR. ADDRESS: 3737 CLARKS LANE, APT. 101 #21215

MEDICAL CERTIFICATION

19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/25/72

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 11/28/72

24C. NAME of CEMETERY or CREMATORY: BALTIMORE HEBREW

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972

25B. NAME OF REGISTRAR: [signature]

25C. FUNERAL DIRECTOR ADDRESS: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

VS 151-REV. 7/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-325 72 11338 REG. NO. 72 11338 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): William David Katzen
2. DATE AND HOUR OF DEATH: November 27 72 8:35 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital 38
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland B. COUNTY: 2740 C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐ E. STREET AND NUMBER: 6239 Woodcrest Avenue
5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov 12, 1896
9. AGE (In years last birthday): 76 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mfg-executive
10B. KIND OF BUSINESS OR INDUSTRY: clothing
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Joseph Katzen
14. MOTHER'S MAIDEN NAME: [redacted] Rachel Greenberg
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.: 215-30-8554
17. INFORMANT: Mrs Bertha Katzen ADDRESS Same - 6239 Woodcrest

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:

(B): ASHD c HBP
DUE TO, OR AS A CONSEQUENCE OF: Aortic aneurysm

(C):

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED — While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from — 19 60 to — 19 ____, that (I) (we) last saw the deceased alive on 6 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Leonard Lister DEGREE: Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11/27/72
23C. PHYSICIAN'S NAME (Type): LEONARD LISTER DEGREE:
23D. ADDRESS: 7100 PARK HEIGHTS AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Nov 28 72
24C. NAME of CEMETERY or CREMATORY: Bnai Israel
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Sol Levinson & Bros - 6010 Reisterstown Road ADDRESS

VS 150-REV. 1/1/68

1

STATE OF MARYLAND-DEMH

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

B-650 72 11339 — 72 11339

BIRTH NO. — REG. NO.

1. NAME OF DECEASED (Type or Print): Hattie A. Brown			2. DATE OF DEATH: Known ☒ Estimated ☐	Month: 11	Day: 24	Year: 72	Hour: 2:10 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital			3. DATE PRONOUNCED DEAD	Month: 11	Day: 24	Year: 72	Hour: 2:10 A.M.
			5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland	B. COUNTY: 901			
6. SEX: Female	7. RACE: Negro	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	C. CITY OR TOWN: Baltimore	D. INSIDE CITY LIMITS? YES ☒ NO ☐			
9. DATE OF BIRTH: 3/14/1872	10. AGE (In years last birthday): 100	If Under 1 Yr. Months / Days / Hours / Min.	E. STREET AND NUMBER: 732 - East 41st St.				
11. BIRTHPLACE (State or foreign country): MD.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME: Elijah Quarkley 72 11340				
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	14B. KIND OF BUSINESS OR INDUSTRY: Home		15. MOTHER'S MAIDEN NAME: Unk				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No	17. SOCIAL SECURITY NO.: Unk		18. INFORMANT: Carolyn Abrams	ADDRESS: 4315 old york Rd.			

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
0		No

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: W P Mulloy M.D.

EXAMINER'S NAME (Type): William P. Mulloy, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11-24-72

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/1/72	Mt. Zion	Towson, Balto. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 30 1972	L. Singleton	Chatman Funeral Home	1701 Mt. Carmel St. Balto. Md.

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-620

BIRTH NO. 72 11310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11310 STATE OF MARYLAND—DEATH

1. NAME OF DECEASED (Type or Print): ROBERT R. BROOKS

2. DATE AND HOUR OF DEATH: 11/23/72 | 8:15 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Church Home & Hospital.
IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION: 35 Baltimore.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: BALTO 5300
C. CITY OR TOWN: City. D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 72 Dundalk Ave.

5. SEX	6. RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	W		10/18/24	48				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond Brooks.
14. MOTHER'S MAIDEN NAME: Nellie Mullie

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): Unknown.
16. SOCIAL SECURITY NO.: 220-10-1590
17. INFORMANT: Hospital Chart. ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

253.9 I

(A) IMMEDIATE CAUSE: Secondary Hypothyroidism — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: About 1 wk
DUE TO, OR AS A CONSEQUENCE OF: & Hypoadrenalism.

(B) Hypophysectomy — 7 yrs.
DUE TO, OR AS A CONSEQUENCE OF:

(C) Pneumonia + Pulmonary edema.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/20/72 19 to 11/23/ 19 72 that (I) (we) last saw the deceased alive on 11/23/72 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Satpal Singh M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/24/72.
23C. PHYSICIAN'S NAME (Type): SATPAL SINGH M.D. DEGREE
23D. ADDRESS: Church Home & Hospital.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-25-72	Greek Orthodox Cem.	Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Nicholas T. Matthews ADDRESS: 3021 Eastern Ave, Baltimore, Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4-300 — 72 11341

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11341

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): ELIZABETH L. HADDAWAY

2. DATE AND HOUR OF DEATH: 11/29/72 — 12:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Church Home & Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 903
C. CITY OR TOWN: CITY
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3620 KIMBLE ROAD

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 7. 17. 1889
9. AGE (In years last birthday): 83
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Freeman
14. MOTHER'S MAIDEN NAME: Sarah Thornton ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: [illegible]
17. INFORMANT: Mr. Reese P Haddaway — ADDRESS: Hospital Chart 3529 Woodring Ave

18. 15-3.91

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Probable Intestinal Obstruction & Peritonitis	About 1 wk.
(B) DUE TO, OR AS A CONSEQUENCE OF:	A.S.C.V.D. Pneumonia. Malignancy	Unknown
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/27/72 19 ___ to 11/29/72 19 ___ that (I) (we) last saw the deceased alive on 11/29/72 19 ___ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Satpal Singh M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/29/72
23C. PHYSICIAN'S NAME (Type): SATPAL SINGH M.D. DEGREE
23D. ADDRESS: Church Home & Hospital.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/2/72
24C. NAME of CEMETERY or CREMATORY: Woodlawn
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972
25B. NAME OF REGISTRAR: Sidney Sherman
25C. FUNERAL DIRECTOR — ADDRESS: Leonard J Ruck Inc. Baltimore, Md

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

B-653 BIRTH NO. 72 11342 REG. NO. 72 11342

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): BRAND, MARGARET TERESA

2. DATE AND HOUR OF DEATH: NOVEMBER 23, 1972 4:55A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
ST AGNES HOSPITAL
40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE COUNTY 5300
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1222 TUGWELL BRIVE 21228

5. SEX: FEMALE
6. RACE: CAUCASIAN
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 08-01-87
9. AGE (In years last birthday): 85
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CARL KINGLYON
14. MOTHER'S MAIDEN NAME: (CALLIS) ANNA

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: RECORDS BALTIMORE MD 21229 ADDRESS
ST AGNES HOSPITAL WILKENS & CATON AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not meon the mode of dying, e.g., heorl failure, asthenio, etc. It meons the diseose, injury or complicolion which coused deoth.)

410.9 I

(A) IMMEDIATE CAUSE: Circulatory failure
DUE TO, OR AS A CONSEQUENCE OF:
complete heart block and infarction.
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify thot (X) (this hospitol) ottended the deceased from NOVEMBER 19, 19 72 to NOVEMBER 23, 19 72, thot (X) (we) lost saw the deceosed alive on NOVEMBER 23, 19 72 ond thot in (XX) (our) opinion deoth occurred on the dote ond hour and from the couses stoted obove. (X) (We) (did) (XXXX) view the body ofter death.

23A. SIGNATURE: Eduardo C. Romero M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11-23-72 / 11-23-72
23C. PHYSICIAN'S NAME (Type): EDUARDO ROMERO, M.D. DEGREE
23D. ADDRESS: BALTIMORE MD 21229
ST AGNES HOSBITAL WILKENS & CATON AVE

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 11.27.72
24C. NAME of CEMETERY or CREMATORY: Coff M. Anatomy Board
24D. LOCATION (City, town, or county) (State): Balt. Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972
25B. NAME OF REGISTRAR: Sidney Whorton
25C. FUNERAL DIRECTOR: Raymond Curran
ADDRESS: 917 Scarlett Dr. Towson, Md 21204

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

STATE OF MARYLAND-DHMH

BIRTH NO. H-553 72 11343 REG. NO. 72 11343

1. NAME OF DECEASED (Type or Print): Hammond, Harry
2. DATE AND HOUR OF DEATH: 11/18/72 8:15 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Union Memorial Hosp. 404
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 904
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2701 Greenmount Avenue
5. SEX: M 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: [redacted] 9. AGE (In years last birthday): 89
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNK.
10B. KIND OF BUSINESS OR INDUSTRY: UNK.
11. BIRTHPLACE (State or foreign country): UNK.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: UNK.
14. MOTHER'S MAIDEN NAME: UNK.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNK (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: UNK.
17. INFORMANT: Mrs R. Palmisano ADDRESS: Tel. 242-1996

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I 410.9

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Acute Myocardial infarction hrs
DUE TO, OR AS A CONSEQUENCE OF:

(B) Atherosclerotic Heart disease Years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Urinary tract infection months

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospitol) attended the deceased from Sept. 23, 1972 to Nov. 18 1972, that (I) (we) last saw the deceased alive on Nov. 18 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: CHUNG-HSIEN YU M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/18/72
23C. PHYSICIAN'S NAME (Type): Chung Hsien Yu M.D. DEGREE
23D. ADDRESS: The Union Memorial Hosp. Balt. MD 21218

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 11-24-72
24C. NAME of CEMETERY or CREMATORY: U of M. Anatomy Board
24D. LOCATION (City, town, or county) (State): Balt-MD

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Raymond J. Curran ADDRESS: 817 Scarlett Pl. Towson, MD.

VS 150-REV. 1/1/68

1

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. H-200 72 11344 REG. NO. 72 11344

1. NAME OF DECEASED (Type or Print): FRANCIS B. HEGGIE

2. DATE OF DEATH: Known ☐ Estimated ☒ Month 11-18 or 19 Day Year 72 Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year November 19, 1972 Hour 8:33 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1203 Poplar Grove Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1607

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
9. DATE OF BIRTH: 9/7/41
10. AGE (In years last birthday): 31
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.:
E. STREET AND NUMBER: 1230 Poplar Grove Street
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Lewis Heggie
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Drafter
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Sudie Brown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.: 214-40-8756
18. INFORMANT: Sudie Heggie ADDRESS: 1203 Poplar Grove St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

304.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: INTRAVENOUS NARCOTISM
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S. Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: November 19, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/22/72
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Westport, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972
25B. NAME OF REGISTRAR: Sidney Morton
25C. FUNERAL DIRECTOR: Charles A. Rice ADDRESS: 1300 N. Eutaw Place

VS 15t-REV. 1/1/68

1-22-1973 - Completion of cause of death on a pending medical examiner's death certificate - Marvin S. Platt, M.D. hs

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. R-200 72 11345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11345

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Napoleon ROSE

2. DATE AND HOUR OF DEATH: November 25 1972 | 4:05 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore Genral 43 Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2533
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2624 Alaska Ave.

5. SEX: Male
6. RACE: Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6/9/13
9. AGE (In years last birthday): 59
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintance Man
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: William Rose
14. MOTHER'S MAIDEN NAME: Sarah Jane Williams

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-14-5369
17. INFORMANT: Wife Beulah M. Rose ADDRESS: Same a above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Sub-Arachnoid and	
DUE TO, OR AS A CONSEQUENCE OF:	Intra Cerebral Hemorrhage	
(B)	Hypertension AND	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Atherosclerosis.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NA.
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-24-72 19 to 11-25 1972 that (I) (we) last saw the deceased alive on 2-40 Am 11-25-1972 and that In(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): D. S. SAWHNEY M.D DEGREE
23D. ADDRESS: 3001 S. Hanover St Md. 21230

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-29-72
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem Park
24D. LOCATION (City, town, or county) (State): Arbutus Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972
25B. NAME OF REGISTRAR: Sidney S. Wooton
25C. FUNERAL DIRECTOR: Charles A. Rice ADDRESS: 1300 Eastern Ave

VS 150-REV. 1/1/68

1

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

P-142 72 11316

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 72 11346

1. NAME OF DECEASED (Type or Print): Perry Peoples

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 26 — Year: 72 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 26 — Year: 72 — Hour: 4:15 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
46 Lutheran Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2802
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 5201 Belleville Avenue

6. SEX: male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 11/4/24
10. AGE (In years last birthday): 48
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

11. BIRTHPLACE (State or foreign country): S. Caroline
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: June Peoples

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Mary Mc Fadden

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Susie Mae Peoples ADDRESS: 5201 Belleville Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

398 X I — Rheumatic heart disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Peter Lipkovic M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/26/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/30/72
24C. NAME of CEMETERY or CREMATORY: Church Wood Cemetery
24D. LOCATION (City, town, or county) (State): Bishopville, South Carolina

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972
25B. NAME OF REGISTRAR: Sidney Morton
25C. FUNERAL DIRECTOR: Charles A. Rice Funeral Serv. ADDRESS: 1300 Eutaw Place

VS 151-REV. 1/1/68

1

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

D-250 BIRTH NO. 72 11347 REG. NO. 72 11347

1. NAME OF DECEASED (Type or Print)	H. Charles Dixon, Jr.	2. DATE OF DEATH Known ☒ Estimated ☐	Month 11	Day 26	Year 72 Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Provident Hospital	3. DATE PRONOUNCED DEAD	11	26	72 3:35 a M.
		5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	Md.	B. COUNTY	2755
6. SEX	male	7. RACE	Negro	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐
9. DATE OF BIRTH	1-10-1933	10. AGE (In years last birthday)	39	If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.	E. STREET AND NUMBER 2251 Rogene Drive
11. BIRTHPLACE (State or foreign country)	Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?	U.S.A.	13. FATHER'S NAME	Charles H. Dixon, Sr.
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Self-employed	14B. KIND OF BUSINESS OR INDUSTRY	BAILS BONDSMAN	15. MOTHER'S MAIDEN NAME	Margaret Dixon
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	Yes.	17. SOCIAL SECURITY NO.	218-24-3026	18. INFORMANT	Mrs. Roberta Dixon — ADDRESS 2251 Rogene Drive

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E8150

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple injuries — IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
		yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
	Street	3100 blk. Liberty Hgts. Avenue

22D. TIME OF INJURY (APPROX.)	(Month)	(Day)	(Year)	(Hour)	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCCUR?
	11	26	72	3:00a m.		Subject driver in one car fixed object collision.

23. I certify that I hold an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type) Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 11/26/72

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/29/72	Mount Calvary Cemetery	A.A. Co., Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 30 1972	Sidney Winston	MORTON & DYETT F.H.	1701 Laurens Street

VS 151-REV. 1/1/68

N996.8

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. A-352 72 11348

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11348
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): LENNON ADAMS

2. DATE AND HOUR OF DEATH: 11/28/1972 | 2:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 2841
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5520 BELLE AVENUE

5. SEX	6. RACE	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	N		7/24/16	56				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ENGINEER		GREATNA, VIRGINIA	U.S.A.

13. FATHER'S NAME: ADAMS, JAMES

14. MOTHER'S MAIDEN NAME: BROWN, FANNIE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 578-07-6711

17. INFORMANT: MARY ADAMS 3124 O STREET, S.E. WASH, D.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE: Cardiorespiratory Arrest — DUE TO, OR AS A CONSEQUENCE OF:	1 min
	(B) Squamous cell carcinoma Lung — DUE TO, OR AS A CONSEQUENCE OF:	2 1 year
	(C) CNS Metastasis	2 1 month
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Congestive Heart Failure	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/27 19 12 to 11/28 19 12, that (I) (we) last saw the deceased alive on 11/28 19 12 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kenneth Baughman MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 11/28/72

23C. PHYSICIAN'S NAME (Type): KENNETH BAUGHMAN, M.D. DEGREE

23D. ADDRESS: JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	12-3-72	HUBBARD CEMETERY	SOUTH HILL, VIRGINIA

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972

25B. NAME OF REGISTRAR: Sidney S. Morton

25C. FUNERAL DIRECTOR ADDRESS: MORTON & DYE TT FUNERAL HOME 1701 LAURENS ST

VS 150-REV. 1/1/68

1

H-400 72 11349 STATE OF MARYLAND-DEPT.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 72 11349

1. NAME OF DECEASED (Type or Print): (HALLIE) HALIA HALL

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month — Day — Year — Hour

3. DATE PRONOUNCED DEAD — Month: November — Day: 27 — Year: 1972 — Hour: 5:57 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
DO 1902 Payson Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: 1504

6. SEX: Female — 7. RACE: Negro — 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 10-22-22 — 10. AGE (In years last birthday): 50 — If Under 1 Yr. Months / Days — If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 1902 Payson Street

11. BIRTHPLACE (State or foreign country): AXTON, VIRGINIA — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 14B. KIND OF BUSINESS OR INDUSTRY: BICKFORD

15. MOTHER'S MAIDEN NAME: ALICE HALL

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): N/A — 17. SOCIAL SECURITY NO.

18. INFORMANT: MR. CALVIN HALL, JR. — ADDRESS: 1902 N. PAYSON STREET

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Fatty metamorphosis of liver

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION — 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED — 21. AUTOPSY? (Yes or No): yes (partial)

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — 22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m. — 22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ (partial) and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE, M.D. Deputy — CHIEF MEDICAL EXAMINER ☒ — ASSISTANT MEDICAL EXAMINER ☐ — ASSOCIATE MEDICAL EXAMINER ☐

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D. — DATE SIGNED: 11/27/72

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL — 24B. DATE: 12-1-72 — 24C. NAME of CEMETERY or CREMATORY: MOUNT AUBURN CEMETERY — 24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972 — 25B. NAME OF REGISTRAR: Sidney J. Morton — 25C. FUNERAL DIRECTOR — ADDRESS: MORTON & DYETT FUNERAL HOME 1701 LAURENS ST.

VS 151-REV. 1/1/68

1

C-640 72 11350

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11350

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELOISE CARROLL

2. DATE OF DEATH: Known ☐ Estimated ☐ Month ____ Day ____ Year ____ Hour ____ M.

3. DATE PRONOUNCED DEAD: Month 11 Day 27 Year 1972 Hour 2:14a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
48 Maryland General Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY 1402

6. SEX: female
7. RACE: negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 10/8/37
10. AGE (In years last birthday) 35 36
If Under 1 Yr. Months ____ Days ____ If Under 24 Hrs. Hours ____ Min. ____

E. STREET AND NUMBER: 1541 Division St.

11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Sammie Lawson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
14B. KIND OF BUSINESS OR INDUSTRY —
15. MOTHER'S MAIDEN NAME: Lino Young

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) —
17. SOCIAL SECURITY NO. 248-60-5094
18. INFORMANT: Thomas Lawson ADDRESS: Balt. Md.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) IMMEDIATE CAUSE: Fatty metamorphosis of liver
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION —
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED 11-27-72

24A. BURIAL CREMATION, REMOVAL (Specify) Removal
24B. DATE 12/2/72
24C. NAME of CEMETERY or CREMATORY Union Baptist Church Cem.
24D. LOCATION (City, town, or county) Camden (State) S.C.

25A. DATE REC'D BY HEALTH DEPT. NOV 30 1972
25B. NAME OF REGISTRAR Sidney S. Norton
25C. FUNERAL DIRECTOR J. B. Johnson
ADDRESS Baltimore, Md

VS 151-REV. 1/1/68

1

B-650

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

72 11351

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11351

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Edgar C. Brown

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 29 — Year: 72 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 29 — Year: 72 — Hour: 9:48 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1404 Argyle Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1402

6. SEX: male | 7. RACE: Negro | 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: JUNE 2, 1914 | 10. AGE (In years last birthday): 58 | If Under 1 Yr. or Under 24 Hrs. Months / Days / Hours / Min.

E. STREET AND NUMBER: 1404 Argyle Avenue

11. BIRTHPLACE (State or foreign country): HEBRON, VIRGINIA | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES H. BROWN

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 14B. KIND OF BUSINESS OR INDUSTRY: RETIRED

15. MOTHER'S MAIDEN NAME: JANNIE JONES

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): YES | 17. SOCIAL SECURITY NO.: 228-01-9980

18. INFORMANT — ADDRESS: LESLIE BROWN 3739 BOARMAN AVE. BALTO, MD.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): Hypertensive and arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 0 | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Peter Lipkovic, M.D. M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/29/72

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL | 24B. DATE: 12-2-72 | 24C. NAME of CEMETERY or CREMATORY: BLOOMFIELD BAPT. CHU. CEM | 24D. LOCATION (City, town, or county) (State): WILSON, VIRGINIA

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972 | 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR — ADDRESS: MORTON & DYETT F. H. 1701 LANREN ST. BALTO, MD.

VS 15M REV. 1/1/68

1

C-516 72 11352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

7 REG. NO. 72 11352

BIRTH NO.

STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): CHAMBERS, MARY ETHEL

2. DATE AND HOUR OF DEATH: NOVEMBER 23, 1972 | 9:15P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

40 ST. AGNES HOSPITAL
WILKENS & CATON AVENUES
BALTIMORE, MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: BALTIMORE COUNTY 5300

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 6316 FREDERICK ROAD

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
FEMALE	CAUCASIAN		10-01-~~XX~~1899	72 ~~XX~~ 73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		MARYLAND	UNITED STATES

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN HOBSON	SUSAN CATHERINE DAVIS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	217-20-7798	ST. AGNES HOSPITAL MEDICAL RECORDS	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Spontaneous Rupture	
DUE TO, OR AS A CONSEQUENCE OF:	CA Bladder	
(B)	& Chemical Peritonitis	
DUE TO, OR AS A CONSEQUENCE OF:	Hypovolumia, Paralytic Ileus	
(C)	Severe electrolyte imbalance	
	C. H. F	

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		YES	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that ~~XX~~ (this hospital) attended the deceased from NOVEMBER 9 19 72 to NOVEMBER 23 19 72, that ~~X~~ (we) last saw the deceased alive on NOVEMBER 23 19 72 and that in ~~XXX~~ (our) opinion death occurred at the date and hour and from the causes stated above. (~~X~~ (We) (did) ~~XXXXX~~ view the body after death.

23A. SIGNATURE: Khalid Qureshi DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 11/24/72

23C. PHYSICIAN'S NAME (Type): DR QURESHI DEGREE

23D. ADDRESS: ST. AGNES HOSPITAL WILKENS&CATON AVES.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-27-72	Baltimore National	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 30 1972	Sidney Worton	Edw. S. MacNabb Sons, Inc. 301 Frederick Rd. Catonsville, Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-462 72 11353 REG. NO. 72 11353

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): George Arthur Blankenship

2. DATE AND HOUR OF DEATH: November 23, 1972 | 10:40 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Halethorpe D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1516 Woodside Ave.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	White	MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	April 25, 1902	70		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stationary Engineer	Hospital	North Carolina	USA

13. FATHER'S NAME: William B. Blankenship

14. MOTHER'S MAIDEN NAME: Lucrecia Banks

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	240-28-0426	Mrs. Dixie B. Blankenship	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

162.1

(A) IMMEDIATE CAUSE: Respiratory arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Ca. of the st. Lung
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 1971 to Nov 23, 1972, that (I) (we) last saw the deceased alive on Nov 23 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Stanley Ankudas DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐ — 23B. DATE SIGNED: 11.25.72

23C. PHYSICIAN'S NAME (Type): Stanley Ankudas, M.D. DEGREE — 23D. ADDRESS: 1101 Maiden Choice Lane Balto., Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/27/72	Meadowridge Mem. Pk.	Elkridge, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 30 1972	Sidney S. Weston	Edw. S. MacNabb Sons, Inc. 301 Frederick Rd. Catonsville, Md.

VS 150-REV. 1/1/68

1

STATE OF MARYLAND—DEATH

BALTIMORE CITY HEALTH DEPARTMENT

D-420 72 11354 72 11354

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print) ROBERT E. DELLS			2. DATE OF DEATH Known ☐ Estimated ☐	Month	Day / Year / Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 80 3564 Pool Street			3. DATE PRONOUNCED DEAD	Month	Day / Year: November 26, 1972 / Hour: 11:55 P. M.
			5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE Maryland	B. COUNTY 1348	
6. SEX Male	7. RACE White	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Baltimore	D. INSIDE CITY LIMITS? YES ☒ NO ☐	
9. DATE OF BIRTH Jul 8,1897	10. AGE (In years last birthday) 75	If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.	E. STREET AND NUMBER 3564 Pool Street		
11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME John Dells		
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	14B. KIND OF BUSINESS OR INDUSTRY - -		15. MOTHER'S MAIDEN NAME Hackett		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	(If yes, give war or dates of service) - -	17. SOCIAL SECURITY NO. 215-05-1980	18. INFORMANT Ethel Y. Dells XXX	ADDRESS 3564 Poole St.	

MEDICAL CERTIFICATION

19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — 412.4

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
0		no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Ronald N. Kornblum M.D. — Deputy CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ ASSOCIATE MEDICAL EXAMINER ☐

EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. — DATE SIGNED 11/27/72

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/30/72	Gardens of Faith Cem	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 30 1972		A. Alan Seitz, Jr.	3818 Roland Ave.

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-525 | 72 11355 | REG. NO. 72 11355 | STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): John G. Langenfelder

2. DATE AND HOUR OF DEATH: Nov. 27, 1972 | 10:00A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland | B. COUNTY: 1306
C. CITY OR TOWN: Baltimore | D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 717 West 36th Street 21211

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	White	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	Nov 8, 1895	78 yrs.		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Plumber	Maryland	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Langenfelder	Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No - - -	215-01-6474	Edward Langenfelder	608 Berry St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
410.01	(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Coronary Thrombosis	Sudden.
	(B) Hypertensive CVD. C DUE TO, OR AS A CONSEQUENCE OF:	from 1960
	(C) Coronary Insufficiency.	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 11-7 19 66 to 11-27 19 72; that (I) (~~we~~) last saw the deceased alive on 11-22 19 72 and that in(my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Lawrence J Shimanek MD DEGREE	Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]	

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Lawrence J. Shimanek MD DEGREE	3711 Falls Rd. Balto. Md 21211

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/30/72	Mt. Olive Cemetery	Randallstown, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 30 1972		A. Alan Seitz, Jr.	3818 Roland Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-235

BIRTH NO. 72 11356

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

72 11356

REG. NO. STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Costin, Howard E., Sr.

2. DATE AND HOUR OF DEATH: 11-27-72 | 7:19 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 Univ. Hospital Balt. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2101
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 759 W. Hamburg St. #30

5. SEX: M
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-18-94
9. AGE (In years last birthday): 78
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouseman
10B. KIND OF BUSINESS OR INDUSTRY: B and O Railroad
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Costin
14. MOTHER'S MAIDEN NAME: Madora Zimmer Costin

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 705-09-1635
17. INFORMANT: Mr. Howard E. Costin ADDRESS 21207 5537 Clifton Avenue Baltimore, Md. Hospital Record

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

412.4 I

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardio-
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pernicious Anemia
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from NOV 1967 to NOV 1972 that (I) (~~we~~) last saw the deceased alive on NOV 18 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: L. C. Alvizatos MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/27/72
23C. PHYSICIAN'S NAME (Type): L. C. ALVIZATOS MD DEGREE
23D. ADDRESS: 1204 St. Paul St. Baltimore Md. 21202

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/1/1972
24C. NAME of CEMETERY or CREMATORY: MEADOWRIDGE MEMORIAL PARK
24D. LOCATION (City, town, or county): ELKRIDGE (State): HOWARD MD.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972
25B. NAME OF REGISTRAR: Sidney Norton
25C. FUNERAL DIRECTOR: 8728 Liberty Road ADDRESS 21133 LORING BYERS FUNERAL DIRECTORS, P. A.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-435 BIRTH NO. 72 11357

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11357
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): ESTHER E. BALTON
2. DATE AND HOUR OF DEATH: 11/28/72 8:30 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital, Balt, md
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland; B. COUNTY: 2854; C. CITY OR TOWN: Baltimore; D. INSIDE CITY LIMITS? YES [X] NO [ ]; E. STREET AND NUMBER: 400 Old Orchard Rd.
5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 5/3/97
9. AGE (In years last birthday): 75
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Budapest, Hungary
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 213740785
17. INFORMANT ADDRESS: 400 Old Orchard Road — Mrs. Esther Lauder Baltimore, Maryland 29

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE: Renal failure — 1 wk.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Ovarian Cyst — 3 mos.
DUE TO, OR AS A CONSEQUENCE OF:
(C) Carcinomatosis due to Ca Colon — 3 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 11/17/72
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ovarian Cyst
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED — While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/15/72 19__ to 11/28/72 19__ that (I) (we) last saw the deceased alive on 11/29/72 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jerel Katz MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/28/72
23C. PHYSICIAN'S NAME (Type): Jerel I Katz M.D. P.A. DEGREE
23D. ADDRESS: 6609 Reisterstown Rd.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/1/1972
24C. NAME of CEMETERY or CREMATORY: NEW CATHEDRAL CEMETERY
24D. LOCATION (City, town, or county) (State): BALTIMORE MARYLAND
25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR ADDRESS: LORING BYERS FUNERAL DIRECTORS, P. A. ~~8728 Liberty Road 21133~~

VS 150-REV. 1/1968

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-436

BIRTH NO. 72 11358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11358

STATE OF MARYLAND—DHMH

1. NAME OF DECEASED (Type or Print): RICHARD E. ROHLEDER

2. DATE AND HOUR OF DEATH: 11-23-72 | 1:23 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 11 E. EAGER ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 102
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 11 E. EAGER ST.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	W	NEVER MARRIED [X]	8/12/1903	69				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Insurance Agent	VIRGINIA	U.S.A.

13. FATHER'S NAME: Richard A. Rohleder

14. MOTHER'S MAIDEN NAME: Florence ~~Eack~~ McAllister

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes — WWII - USMC	112-10-0875	Stanley E. Athey-5907 C Willow Oaks Dr.-	Richmond, Va

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the diseose, injury or complicotion which coused deoth.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4 1 0.0 I		
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Myocardial infarction	unknown
(B) DUE TO, OR AS A CONSEQUENCE OF:	Hypertension, arteriosclerosis	2 yrs
(C)	prostatic disease	2 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
6 weeks ago			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Boltimore City, give exoct locotion)

21D. TIME OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify thot (I) (this hospitol) ottended the deceosed from August 1972 to 11/23/72, that (I) (we) lost sow the deceosed alive on 11-23-72 and thot in (my) (our) opinion deoth occurred on the dote ond hour ond from the couses stated above. (I) (We) (did) (did not) view the body ofter deoth.

23A. SIGNATURE: Franz X. Groll DEGREE: MD — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 11/23/72

23C. PHYSICIAN'S NAME (Type): DR. FRANZ X. GROLL MD, DEGREE

23D. ADDRESS: 11 E. Eager St.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-27-72	Forest Lawn Cemetery	Richmond, Va.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 30 1972	Sidney M. Norton	John C. Miller Inc-6415 Belair Rd.	21206

VS 150-REV. 1/1/68

THE BODY OF EILEEN BRILL HAS BEEN RELEASED ON APPROVAL BY DR LIPKOVIC OF THE MEDICAL EXAMINER'S OFFICE

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. B-640 72 11359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11359

STATE OF MARYLAND-DEPT. OF HEALTH

1. NAME OF DECEASED (Type or Print): Eileen Brill

2. DATE AND HOUR OF DEATH: Nov 25, 1972 10:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

THE JOHNS HOPKINS HOSPITAL
BALTIMORE, MD 21205

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 2713

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 711 GLADSTONE AVE

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
FEMALE	WHITE	[X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED	10-11-47	25		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	New York	USA

13. FATHER'S NAME: George J. Weber

14. MOTHER'S MAIDEN NAME: Dorthy M. Henry

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		N/A	Earl Brill, Jr. Husband	Balt. Md.

CAUSE OF DEATH

18.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAUSE: Cerebral Anoxia & Cardiac Arrest	15 min
	DUE TO, OR AS A CONSEQUENCE OF: (B) Possible Air Embolus	4 days
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO, OR AS A CONSEQUENCE OF: (C) Suction D&C	4 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

640.7

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3 Nov 21	THERAPEUTIC ABORTION	YES	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	Hospital	Johns Hopkins

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
11-21-72	While At Work [ ] Not While At Work [X]	therapeutic M.S.

22. I certify that (I) (this hospital) attended the deceased from Nov 21 19 72 to Nov 25 19 72, that (I) (we) last saw the deceased alive on Nov 25 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys.	Med. Director	Staff Phys.	23B. DATE SIGNED
Bruce K. Lloyd	MD	[ ]	[ ]	[X]	Nov 25, 1972

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
B.K. Lloyd	MD	Johns Hopkins Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/28/72	Massanutten Cemetery	Woodstock, Virginia

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 30 1972	[illegible]	Harry W. Haight	Sykesville, Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospitol (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remoins are embolmed or final disposition is made.

BIRTH NO. J-525 Calvert Co. Md. 72 11360

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11360
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Johnson, Karen	2. DATE AND HOUR OF DEATH: NOVEMBER 26 72 12:01 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital 33	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: Calvert 5400
	C. CITY OR TOWN: D. INSIDE CITY LIMITS? YES ☐ NO ☐
	E. STREET AND NUMBER: 201-A Owens, Maryland 20836

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	Cauc.		11/22/72		/14	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Calvert County	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John M. Johnson	Dorothy B. Wilson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS

CAUSE OF DEATH

18. 759.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Respiratory Arrest	10 min
(B) DUE TO, OR AS A CONSEQUENCE OF:	Multiple congenital anomalies	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		Yes	No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 22 NOV 1972 to 26 NOV 1972 that (I) (we) last saw the deceased alive on 26 NOV 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☒	23B. DATE SIGNED
Robert Walton MD DEGREE				11/26/72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Robert Walton, M.D. DEGREE	The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Cremation	11/26/72	Johns Hopkins Hospital	601 N. Broadway, Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 28 1972	Lindy Hudson	HOSPITAL DISPOSAL	

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-460 72 11361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11361

BIRTH NO.

REG. NO.

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): AMY F. TAYLOR

2. DATE AND HOUR OF DEATH: Nov. 24th 1972 | 12:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: Union Memorial Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Baltimore

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 2906 D Kings Ridge Road. Balto Md.

5. SEX	6. RACE	7. MARITAL STATUS	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	W	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	01-08-87	85		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown at time

10B. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Unknown Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Jones

14. MOTHER'S MAIDEN NAME: Sarah Burk

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): Unknown No

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Chart. ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, eg., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

410.9 I 714.0

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	~~Possible~~ Myocardial Infarction	28 min
(B) DUE TO, OR AS A CONSEQUENCE OF:	Arteriosclerotic cardiovascular disease	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Burns of feet & perineum	

CLEARED WITH DR. ALEGRE

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0 —		No.	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Yes	Nursing home	Long Green Nursing home

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
October 30. 72 am	While At Work ☐ Not While At Work ☒	Burn with hot water at hub.

22. I certify that (I) (this hospital) attended the deceased from OCT 30th 19 72 to November 24th 19 72 that (I) (we) last saw the deceased alive on November 24th 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Cesar A. Alegre DEGREE: MD

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: Nov. 24th 1972

23C. PHYSICIAN'S NAME (Type): CESAR A. ALEGRE MD DEGREE

23D. ADDRESS: Union Memorial Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	11/27/72	Druid Ridge	Baltimore County, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 30 1972		C. F. EVANS & SON	8802 Harford Rd.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-332 72 11362

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11362

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): STOETZER, MRS. GRACE P. COOK

2. DATE AND HOUR OF DEATH: 11-30-72 | 6:40 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: KESWICK HOME
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 400 W. 40th Street
91

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore, Maryland
B. COUNTY: 2711
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 100 West Cold Spring Lane

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
female	white	WIDOWED [X]	5-8-97	75				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
----- EXECUTIVE	FOOD BROKERS	Bedford County, Pa.	U.S.A.

13. FATHER'S NAME: Jeremiah Pardew

14. MOTHER'S MAIDEN NAME: Maria Elizabeth Waters

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		215-22-6020A	Keswick Records MRS. LAWRENCE C. RHODA	328 Southwind Rd.

MEDICAL CERTIFICATION

18. 433.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Cerebrovascular occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic cerebrovascular occlusive disease — 6 months

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 7 19 22 to Nov 30 19 22 that (I) (we) last saw the deceased alive on Nov 30 19 22 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: W B Daniels, Jr. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 11/30/72

23C. PHYSICIAN'S NAME (Type): WORTH B. DANIELS, M.D. DEGREE

23D. ADDRESS: KESWICK, STAFF

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-2-72	Druid Ridge Cemetery	Pikesville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972

25B. NAME OF REGISTRAR: Audrey S. Thornton

25C. FUNERAL DIRECTOR: Henry W. Jenkins Sons — ADDRESS: 4905 York Rd. Baltimore, Md. 21212

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-246 72 11383 REG. NO. 72 11383 STATE OF MARYLAND—DEATH

1. NAME OF DECEASED (Type or Print): McElroy, Jr. James W.

2. DATE AND HOUR OF DEATH: Nov. 28, 1972 2:15 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Long Green Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1202
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES** ☐ NO ☐
E. STREET AND NUMBER: 3501 St. Paul Street 21218

5. SEX	6. RACE	7. MARRIED** / NEVER MARRIED ☐ / WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	W		3-25-1916	56				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret'd. Office Atlantic	Photo Supply	Baltimore, Maryland	USA

13. FATHER'S NAME: James W. McElroy, Sr.

14. MOTHER'S MAIDEN NAME: Katherine Meyers

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	WWII	216-10-8933	Mrs. James E. Cox, Jr.	28 Dowling Circle

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (1) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	CARCINOMA OF LUNGS	6 MOS
(2) (B) DUE TO, OR AS A CONSEQUENCE OF:	CARCINOMA OF LIVER, SECONDARY TO (1)	2 MOS
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	CHRONIC PULMONARY EMPHYSEMA	13 YRS

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
10-15-72	CANCER OF LIVER - BIOPSY	NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from MAY 22 1966 to Nov 28 1972, that (I) (~~saw~~) last saw the deceased alive on Nov 22 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE	Attending Phys. ☒	Med. Director ☐	Staff Phys. ☐	23B. DATE SIGNED
John M. Scott, M.D. DEGREE				Nov 29, 1972

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
John M. Scott M. D. DEGREE	600 W. Northern Parkway

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-30-72	Druid Ridge	Pikesville, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 30 1972	[illegible]	H. W. Jenkins & Sons Co. 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-460 72 11384

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11384
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): DERtha Miller
2. DATE AND HOUR OF DEATH: 11/29/72 | 11 00 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 39
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, Inc. 2600 Liberty Height Ave. Baltimore, Md. 21215
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1503
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1639 Ruxton Ave.
5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 10-16-89
9. AGE (In years last birthday): 83
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 220-20-2673
17. INFORMANT: Mamie Thorton 1624 Pulaski St.
Columbus Armstrong (Nephew) SAME ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

562.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Gram-Neg Septicemia	10 days
(B) DUE TO, OR AS A CONSEQUENCE OF:	Diverticulitis	9
(C)	Arteriosclerotic heart disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Cardio-respiratory Arrest	1 day

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/20/72 19 to 11/28/72 19 that (I) (we) last saw the deceased alive on 11/28 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Boon Vanasin DEGREE
Attending Phys. [ ] Med. Director [X] Staff Phys. [ ]
23B. DATE SIGNED: 11/29/72
23C. PHYSICIAN'S NAME (Type): BOON VANASIN M.D. DEGREE
23D. ADDRESS: PROVIDENT Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-2-72
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: NOV 30 1972
25B. NAME OF REGISTRAR: A. Thornton
25C. FUNERAL DIRECTOR: V. Bailey
ADDRESS: Kelson F.H. 1348 Calhoun St.

VS 150-REV. 1/1/68

1

S-524 / 72 11365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11365

STATE OF MARYLAND-DHMH

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Singleton, Walter R.

2. DATE AND HOUR OF DEATH: 11/26/72 | 12:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 909

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [XX] NO [ ]

E. STREET AND NUMBER: 1532 Holbrook Street

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	Negro	WIDOWED [XX]	9/18/03	69		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Constuctor		Va.	U.S.A.

13. FATHER'S NAME: Osman Singelton

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
			Doretha Baker	1110 E. Lanvale Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose, injury or complicotion which coused deoth.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

427.2 + 162.1

(A) IMMEDIATE CAUSE: Cardiorespratory arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Carcinoma of lung

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If In Boltimore City, give exoct locotion)

21D. TIME OF INJURY (Month) (Doy) (Yeor) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) ottended the deceosed from 10/11 19 72 to 11/26 19 72, thot (I) (we) lost sow the deceosed olive on 11/26 19 72 and thot in (my) (our) opinion deoth occurred on the dote ond hour ond from the couses stoted obove. (I) (We) (did) (did not) view the body ofter deoth.

23A. SIGNATURE: Kenneth Baughman MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [XX]

23B. DATE SIGNED: 11/26/72

23C. PHYSICIAN'S NAME (Type): Kenneth Baughman, M.D. DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-30-72	Balto.. Cemetery	Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 30 1972	Sidney Morton	Wm C March	928 E North Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

P-615 72 11366 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11366 — STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): PIERPONT LALLAH ROOK

2. DATE AND HOUR OF DEATH: 11-29-72 — 04.30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 38 UNIVERSITY HOSP
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTO. MD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 201
C. CITY OR TOWN: BALTO
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 901 BROADVIEW APT

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 1904 05-17-XXX
9. AGE (In years last birthday): ~~XXX~~ 68
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Treasurer
10B. KIND OF BUSINESS OR INDUSTRY: Loewy Drug Co.
11. BIRTHPLACE (State or foreign country): Louisville, Ky.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: JOSEPH F. SANDERS
14. MOTHER'S MAIDEN NAME: MARY E. MITCHELL
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. A 212-26-6276
17. INFORMANT: Friend: ADDRESS: Edw.J.Hyde, 5317 Windsor Mill Rd. 21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 436.0 I 153.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	CEREBRAL VASCULAL ACCIDENT	
(B) DUE TO, OR AS A CONSEQUENCE OF:	ARTERIOSCLEROSIS - HYPERTENSION	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	CANCER OF CECUN -	

19A. DATE OF OPERATION: 11-21-72
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CA OF CECUN -
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19__ to _____ 19__ that (I) (we) last saw the deceased alive on 11-29 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): GUSTAVO RIOJA ROCA DEGREE
23D. ADDRESS: UNIVERSITY HOSPITAL. BALTO MD

24A. BURIAL CREMATION, REMOVAL (Specify): Entombment
24B. DATE: 12/2/72
24C. NAME of CEMETERY or CREMATORY: Lorraine Park Mauseloum
24D. LOCATION (City, town, or county) (State): Woodlawn, Balto. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: STEWART & MOWEN CO. ADDRESS 108 W. North Ave. 21201

VS 150-REV. 1/1/68

116 W Tennessee Ave

56-48-72 sab

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-500 72 11367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11367

STATE OF MARYLAND-DHMH

BIRTH NO. | REG. NO.

1. NAME OF DECEASED (Type or Print): GRANT SWANN

2. DATE AND HOUR OF DEATH: 11 / 30 / 72 12 01 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
BALTIMORE CITY HOSP
4940 Eastern Avenue, Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 843
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2907 E FEDERAL ST

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	Negro	NEVER MARRIED ☒	NOV. 24 1907	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Buckingham Co., Va	U.S.A

13. FATHER'S NAME: Robert Swann

14. MOTHER'S MAIDEN NAME: Bettie Washington

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 213-07-8988

17. INFORMANT / ADDRESS: Records: BCH-4940 Eastern Ave. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Cardiac Arrest	Immediate
DUE TO, OR AS A CONSEQUENCE OF: (B)	Atherosclerotic Cardiovascular Disease, Unknown	
DUE TO, OR AS A CONSEQUENCE OF: (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Sepsis, CVS Hurs	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
None		NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-11- 19 72 to 11-30- 19 72
that (I) (we) last saw the deceased alive on 11-30- 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Linda Kay Markley M.D. DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒	11/30/72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Linda Kay Markley M.D. DEGREE	4940 Eastern Ave. Baltimore, Md. 21224 BALTIMORE CITY HOSPITALS

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/5/72	Ind. Nath. Cem.	Laurel, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR / ADDRESS
DEC 1 1972	Sidney Winston	Samuel Ward & 4001 Edmondson Ave.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-365 BIRTH NO. 72 11368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11368

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Marian Biedronski

2. DATE AND HOUR OF DEATH: Nov. 30, 1972 6:30 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: OO
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2038 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 201
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2038 Eastern Ave.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	White	☐ / ☐ / ☐ / ☐	9/1/1900	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Bandurski
14. MOTHER'S MAIDEN NAME: Tomasckiewicz

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO----
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-34-8292
17. INFORMANT: Walter Biedronski ADDRESS: 2038 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarct
DUE TO, OR AS A CONSEQUENCE OF:

(B) Art Scl C V disease, Diabetes mellitus
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

410.9 I 250.9

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from October 1969 to 10/9 1972 that (I) (we) last saw the deceased alive on 10/9 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J H Goodman DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 12/1/72
23C. PHYSICIAN'S NAME (Type): J. H. Goodman DEGREE
23D. ADDRESS: 9 S. Highland Ave

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-2-72	Holy Rosary Cemetery	Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972
25B. NAME OF REGISTRAR: Sidney [illegible]
25C. FUNERAL DIRECTOR ADDRESS: John M. Weber & Son's 401 S. Chester

VS 150-REV. 1/1/68

1

STATE OF MARYLAND-DEPT

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11369

7-509 72 11369

BIRTH NO. 72-16759 DC

CERTIFICATE AMENDED 2-23-72

1. NAME OF DECEASED (Type or Print) David F. Fain			2. DATE OF DEATH Known ☒ Estimated ☐	Month 11	Day 29	Year 72	Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Johns Hopkins Hospital			3. DATE PRONOUNCED DEAD	Month 11	Day 29	Year 72	Hour 9:57 a. M.
5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			B. COUNTY 806				
6. SEX male	7. RACE Negro	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Balto.		D. INSIDE CITY LIMITS? YES ☒ NO ☐		
9. DATE OF BIRTH 11/7/72	10. AGE (In years last birthday)	If Under 1 Yr. Months 21 Days Hours Min.	E. STREET AND NUMBER 1605 E. North Avenue				
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME DAVID F. FAIN				
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME SAVOIA JACKSON				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.	18. INFORMANT ALICE BAGWELL	ADDRESS 2533 BROOKFIELD AVE.			

MEDICAL CERTIFICATION

19. 484X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Sudden death in infancy

(A) IMMEDIATE CAUSE Interstitial pneumonitis

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
2		yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type) Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 11/29/72

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	12/1/72	Mt. Auburn Cemetery	Baltimore, MD

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 1 1972	Sidney Sherman	Herbert E. Nutter	3035 W North Ave

VS 151-REV. 1/1/68

2-23-1973 - Letter from the Office of the Chief Medical Examiner, Peter Lipkovic, M.D.
Assistant Medical Examiner. hs

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

N-620 — 72 11370

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. — REG. NO. 72 11370 — STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): MARGARET NORRIS

2. DATE AND HOUR OF DEATH: 11/28/72 — 6:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 UNIVERSITY OF Md. HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. — B. COUNTY: 1903
C. CITY OR TOWN: BALTIMORE — D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1846 EAGLE ST.

5. SEX: F — 6. RACE: N — 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1/18/44 — 9. AGE (In years last birthday): 28 — If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CLIFTON W. LEWIS — 14. MOTHER'S MAIDEN NAME: EDITH MATTHEWS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.

17. INFORMANT: Geroz Norris - 1846 Eagle Street — ADDRESS

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	CEREBRAL ANOXIA	2 days
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	CARDIAC ARREST	3 days
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	CHF	8 days

19A. DATE OF OPERATION: 2 — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED — 20A. AUTOPSY? (Yes or No): Yes — 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.) — 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ — 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/24/72 19 72 to 11/28 19 72 that (I) (we) last saw the deceased alive on 11/28 19 72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Thomas E. Murphy Jr MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ — 23B. DATE SIGNED: 11/28/72

23C. PHYSICIAN'S NAME (Type): Thomas E. Murphy Jr MD DEGREE — 23D. ADDRESS: UNIVERSITY OF Md. HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 12/2/72 — 24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park — 24D. LOCATION (City, town, or county) (State): Baltimore Co., Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972 — 25B. NAME OF REGISTRAR: Sidney [illegible] — 25C. FUNERAL DIRECTOR: Herbert E. Butler — ADDRESS: 3035 W North Ave

VS 150-REV. 1/1/68

BIRTH NO. S-610 72 11371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11371

STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print)	SHARP RUSSELL
2. DATE AND HOUR OF DEATH	Nov. 29, 1972 | 01-25 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION	39 Provident Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE	U.S.A.
B. COUNTY	Maryland 1601
C. CITY OR TOWN	Baltimore
D. INSIDE CITY LIMITS?	YES [X] NO [ ]
E. STREET AND NUMBER	906 Edmondson Ave.
5. SEX	MALE
6. RACE	B
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	
8. DATE OF BIRTH	11-15-1898
9. AGE (In years last birthday)	74
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Credit Manager
10B. KIND OF BUSINESS OR INDUSTRY	Kitty Kelly Shoe Store
11. BIRTHPLACE (State or foreign country)	Maryland
12. CITIZEN OF WHAT COUNTRY?	U.S.A.
13. FATHER'S NAME	Harry Sharp
14. MOTHER'S MAIDEN NAME	Lena Murphy
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	No
16. SOCIAL SECURITY NO.	137-03-3829
17. INFORMANT — ADDRESS	Mrs. Belle Sharpe 906 Edmondson Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Aspiration Pneumonia	
	(B) DUE TO, OR AS A CONSEQUENCE OF: CA of Lung and Pleural	
	(C) effusion	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Amputee	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?	

22. I certify that (I) (this hospital) attended the deceased from 11-1- 1972 to 11-29- 1972 that (I) (we) last saw the deceased alive on 11-28- 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	Dilip Ujla M.D. DEGREE	Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]	23B. DATE SIGNED: 11-29-72
23C. PHYSICIAN'S NAME (Type)	DILIP K. UJLA M.D. DEGREE	23D. ADDRESS	Provident Hospital Inc. 2600, Liberty Hts. Ave., Balto., Md., 21217

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	12/2/72	Arbutus Memorial Park	Baltimore Co., Md.	

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 1 1972	Sidney L. Wootton	Herbert E. Buttle	3035 W North Ave

VS 150-REV. 1/1/68

1

72 11372

H-220

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11372

1. NAME OF DECEASED (Type or Print): LAFAYETTE HAWKES

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month: 11 — Day: 27 — Year: — Hour: 72 M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 302 E. Lanvale St.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 27 — Year: 1972 — Hour: 1:05a M.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 205

6. SEX: male
7. RACE: negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 8/1/21
10. AGE (In years last birthday): 51
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.:

E. STREET AND NUMBER: 302 E. Lanvale St.

11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Godfrey Hawkes

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Construction
15. MOTHER'S MAIDEN NAME: Victoria Hawkes

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Yes — WW II
17. SOCIAL SECURITY NO.: 217 14 2910
18. INFORMANT: Victoria Hawkes — ADDRESS: R.F.D. 3 Box 225

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

571.8 + 011.9 Blackstone

(A) Fatty metamorphosis of liver — IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Pulmonary tuberculosis

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D. Deputy Chief Medical Examiner, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11-27-72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/1/72
24C. NAME of CEMETERY or CREMATORY: Cedar Hill Church Cem.
24D. LOCATION (City, town, or county) (State): Nottoway Co., Virginia

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Herbert E. Nutter
ADDRESS: 3035 W. North Ave Balt., Md.

VS 151-REV. 3/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final dispositon is made.

BIRTH NO. H-252 72 11373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11373

STATE OF MARYLAND-DEPT.

1. NAME OF DECEASED (Type or Print): HAWKINS, MARY

2. DATE AND HOUR OF DEATH: 11-28-72 | 2:48 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL BALTIMORE, MD 21205

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 808

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: & 1242 N. GAY STREET

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
FEMALE	NEGRO	WIDOWED [X]	08-28-20	52		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: John Graham

14. MOTHER'S MAIDEN NAME: Tevana DeBerry

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 231-22-4221

17. INFORMANT: Lillian Branch ADDRESS: 2027 N. 5th Chester

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	S/P CARDIAC ARREST	48 HRS.
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	PROB. ASPIRATION PNEUMONIA	48 HRS.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 11-26 19 72 to 11-28 19 72, that ~~(I)~~ (we) last saw the deceased alive on 11-28 19 72 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Charles H. Diggs M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 11-28-72

23C. PHYSICIAN'S NAME (Type): CHARLES H. DIGGS M.D. DEGREE

23D. ADDRESS: 601 N. BROADWAY BALTIMORE 21205

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-3-72

24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cem A. A. Co

24D. LOCATION (City, town, or county) (State): Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972

25B. NAME OF REGISTRAR: Lindsay Anderson

25C. FUNERAL DIRECTOR: Rayner Sanders ADDRESS: 217 E. Preston St

VS 1S0-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-152 72 11374

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11374

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Elmer M. Robinson

2. DATE AND HOUR OF DEATH: Nov. 28, 1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2107 Sidney Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2533
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2107 Sidney Ave Balto Md. 21230

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	White	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	Dec 31, 1907	64				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hospital Gaurd	Guard	Maryland	U SA

13. FATHER'S NAME: Charles Robinson

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
WW 2	214 03 5451	Ruth I Robinson	2107 Sidney Ave

MEDICAL CERTIFICATION

CAUSE OF DEATH

18.	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE: Terminal Cyanosis of Hands. DUE TO, OR AS A CONSEQUENCE OF:	
	(B) DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Hypertensive Cardio-Vascular Renal.	

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED White At Work [ ] Not White At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 14 19 72 to Oct. 20 19 72, that (I) (we) last saw the deceased alive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE DEGREE: Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 11-30-72

23C. PHYSICIAN'S NAME (Type) DEGREE: [illegible] M.D.

23D. ADDRESS: 2020 D Annapolis Rd Bowie, Md 20715

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/2/72	Cedar Hill Cemetery	Brooklyn Md. 21225

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 1 1972	Sidney N Horton	McCully	237 Patapsco Ave 21225

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. R-152

CERTIFICATE OF DEATH

72 11375

REG. NO. 72 11375

STATE OF MARYLAND—DEATH

1. NAME OF DECEASED (Type or Print): Robinson, Mr. John Sr.

2. DATE AND HOUR OF DEATH: Nov. 28, 1972 6 20 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Bon Secours Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2025 W. Fayette St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore
C. CITY OR TOWN: Parkville
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 3313 Delphia Court

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 08/01/32
9. AGE (in years last birthday): 40
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Draftsman
10B. KIND OF BUSINESS OR INDUSTRY: AAI Corp.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John ELMER ROBINSON
14. MOTHER'S MAIDEN NAME: Mabel Jubb

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): Korean
16. SOCIAL SECURITY NO.: 220-52-6855
17. INFORMANT: Mrs. Beverly Robinson
ADDRESS: 3313 Delphia Court 21234

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Intracerebral Hemorrhage - with massive rupture of Ventricular system (CVA)	
DUE TO, OR AS A CONSEQUENCE OF: (B)		
DUE TO, OR AS A CONSEQUENCE OF: (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-25 19 72 to 11-28 19 72
that (I) (we) last saw the deceased alive on 11-28 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: B B Aranas DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11-28-72
23C. PHYSICIAN'S NAME (Type): BONIFACIO B. ARANAS DEGREE
23D. ADDRESS: BON SECOURS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/2/72
24C. NAME of CEMETERY or CREMATORY: Gardens Of Faith Cemetery
24D. LOCATION (City, town, or county) (State): Overlea Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972
25B. NAME OF REGISTRAR: Sidney Worthy
25C. FUNERAL DIRECTOR ADDRESS: Lassahn Funeral Home 7101 Belair Rd. 21236

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. A-352 72 11376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11376

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): Frances E Adams

2. DATE AND HOUR OF DEATH: 11/28/72 | 4:50 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 Md. General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Anne Arundel 5200
C. CITY OR TOWN: Arnold D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 29 Cascade Rd.

5. SEX	6. RACE	7. MARITAL STATUS	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	W	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	3/20/14	58				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	homemaking	Maryland	US

13. FATHER'S NAME: unobtainable

14. MOTHER'S MAIDEN NAME: Mary Platt

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	217-38-5537	Patricia Bourquin	29 Cascade Rd. 21012

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Abdominal carcinomatosis	≈ two months
DUE TO, OR AS A CONSEQUENCE OF:	Carcinoma of the body of pancreas	≈ 1 year
(B) DUE TO, OR AS A CONSEQUENCE OF:	Metastatic to liver and omentum	
(C)		

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes Mellitus — 20 yrs.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		yes	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from about 1967 to 28 Nov 1972 that (I) ~~(we)~~ last saw the deceased alive on 28 Nov 1972 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Charles E Shaw MD DEGREE	Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐	28 Nov 72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Charles E Shaw, MD. DEGREE	607 W. Joppa Road Towson, Md. 21204

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	2 Dec 72	Most Holy Redeemer Cem	Baltimore, Md. 21206

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 1 1972	Lindsey Johnston	Ullrich Funeral Home, Dundalk, Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. Z-350 72 11377 REG. NO. 72 11377 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): JACOB ZIATIN
2. DATE AND HOUR OF DEATH: 11-27-1972 | 7.45 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
   FULL NAME OF HOSPITAL OR INSTITUTION: (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 3706 MARY Avenue
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
   A. STATE: MARYLAND B. COUNTY: 27 34
   C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐
   E. STREET AND NUMBER: 3706 MARY AVENUE
5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: MAY 7 1884
9. AGE (In years last birthday): 88
   If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SELF Employed
10B. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? — NO —
13. FATHER'S NAME: JOHN ZIATIN
14. MOTHER'S MAIDEN NAME: UNK ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 212-34-8807
17. INFORMANT: ROMAN ZIATIN ADDRESS: 3706 MARY Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
412.4
(A) IMMEDIATE CAUSE: Arteriosclerotic C.V. Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): None

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from January 19 18 to Nov. 27 19 72, that (I) (~~we~~) last saw the deceased alive on November 27 19 72 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Vincent M. Messina M.D. DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11/29/72
23C. PHYSICIAN'S NAME (Type): DR. VINCENT MESSINA DEGREE
23D. ADDRESS: 1403 S. CHARLES STREET

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/1/72
24C. NAME of CEMETERY or CREMATORY: HOLY TRINITY
24D. LOCATION (City, town, or county) (State): ELKRIDGE MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972
25B. NAME OF REGISTRAR: Sidney Newton
25C. FUNERAL DIRECTOR: DIPPEL BROTHERS ADDRESS: 7110 BELAIR ROAD

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-650 72 11378

BIRTH NO. Virgin Islands

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11378 STATE OF MARYLAND-DEMR

1. NAME OF DECEASED (Type or Print): Bryan, Baby Girl (Bonnie)

2. DATE AND HOUR OF DEATH: 11/29/72 9 30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
The Johns Hopkins Hospital
Baltimore, Maryland 21205

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Virgin Islands
B. COUNTY
C. CITY OR TOWN: St. Thomas
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: Estate Lerkenlund 3-A

V49

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Female	Cauc.	NEVER MARRIED [XX]	9/23/72		2	6		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
N/A	N/A	Virgin Islands	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ronnie Bryan	Angela LaPlace

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
N/A	N/A	John Thomas Funeral Home	St. Thomas

CAUSE OF DEATH

18. 746.51

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	CARDIOPULMONARY ARREST	25 mins
DUE TO, OR AS A CONSEQUENCE OF:	CONGENITAL HEART DISEASE	
(B)	ATRIO-VENTRICULAR CANAL	9 weeks
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	S/P Pulmonary Artery Banding	1 day
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
11/28/72	C.H.D. - Atrioventricular Canal	Yes	No

21A. ACCIDENT / WAS UNDERLYING / OR CONTRIBUTING / CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
No	—	—

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
—	While At Work [ ] Not While At Work [ ]	—

22. I certify that (I) (this hospital) attended the deceased from 11/6 19 72 to 11/29 19 72, that (I) (we) last saw the deceased alive on 8:30 AM 11/29 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys.	Med. Director	Staff Phys.	23B. DATE SIGNED
Henry A. Pitt, M.D.		[ ]	[ ]	[X]	11/29/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Henry A. Pitt,	M.D.	The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-2-72	Hull Cemetery	St. Thomas, Virgin Islands

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 1 1972	Sidney M. Weston	Wm. Cook-Brooks Towson, Inc.	Towson, Md.

VS 150-REV. 1/1/68

1

STATE OF MARYLAND-DEATH

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

S-120 72 11379 — REG. NO. 72 11379

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary E. Savage

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 20 — Year: 72 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 20 — Year: 72 — Hour: 10:00 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
38 University Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. — B. COUNTY: 1401

6. SEX: female — 7. RACE: Negro — 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto. — D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: Sept. 29, 1935 — 10. AGE (In years last birthday): 37 — If Under 1 Yr. Months, Days; If Under 24 Hrs. Hours, Min.

E. STREET AND NUMBER: 1727 Linden Avenue

11. BIRTHPLACE (State or foreign country): N.C. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Owens

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic — 14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Alberta McLauren

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No — 17. SOCIAL SECURITY NO.

18. INFORMANT: Mary Williams — ADDRESS: 315 Lex. St Newark N.J.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

485 X

(A) IMMEDIATE CAUSE: Bronchopneumonia
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Fatty metamorphosis of liver

20A. DATE OF OPERATION: 2 — 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED — 21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/20/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 11/29/72 — 24C. NAME of CEMETERY or CREMATORY: Mt. Carmel Cem. — 24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972 — 25B. NAME OF REGISTRAR: Sidney Johnston — 25C. FUNERAL DIRECTOR — ADDRESS: Williams Funeral Home 3199 Sebastian St

VS 151-REV. 7/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-252 72 11380

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11380 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): LYNNE HAWKINS	2. DATE AND HOUR OF DEATH: 11·29·72 — 1 5·15 a.m. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: University Hospital — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: Anne Arundel 5200
	C. CITY OR TOWN: Crofton D. INSIDE CITY LIMITS? YES ☐ NO ☐
	E. STREET AND NUMBER: 1662 Carlyle Dr.

5. SEX	6. RACE	7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	White		Sept 9, 1921	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sec.	Employment Agency	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alan H. Shipley	Thelma Creager

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT — ADDRESS
No —		J. Fred Hawkins — 53 Boone Trail Severna Park, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Oesophageal Varices	
(B) DUE TO, OR AS A CONSEQUENCE OF:	Cirrhosis of liver	
(C)	Alcoholism	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
11·20·72	above	NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11·20 19 72 to 11·29 19 72 that (I) (we) last saw the deceased alive on 11·29 19 72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑	23B. DATE SIGNED
J. Gerard Crumley M.D. DEGREE		11·29·72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
DEGREE	

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Dec 1, 1972	Glen Haven Cemetery	Glen Burnie Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR — ADDRESS
DEC 1 1972	[illegible]	Robert S. Barranco Severna Park, Md.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-420 72 11381 REG. NO. 72 11381 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): KLOCH, MILTON B.

2. DATE AND HOUR OF DEATH: 11-29-72 9.10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 Maryland General Hospital, 827-Linden Avenue, Baltimore Md 21201

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2102
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1172 Cleveland St. 21238

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10/12/1916
9. AGE (In years last birthday): 56
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Male Nurse
10B. KIND OF BUSINESS OR INDUSTRY: City
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick A. Kloch
14. MOTHER'S MAIDEN NAME: Irene Cooke

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-12-4781
17. (INFORMANT): Grace Kloch - 1172 Cleveland St. ADDRESS 21230

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Upper Gastro-intestinal Hemorrhage.	
DUE TO, OR AS A CONSEQUENCE OF:	a) Cirrhosis Liver	
(B) DUE TO, OR AS A CONSEQUENCE OF:	(b) Comatose Condition Secondary To Cerebral Anoxia.	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Hypovolumia due to bleeding diathesis during Surgery	

19A. DATE OF OPERATION: 10-23-72
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Upper G.I. Bleeding
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-23-1972 to 11-29-1972 that (I) (we) last saw the deceased alive on 11-29-1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Ahmad M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11-29-72
23C. PHYSICIAN'S NAME (Type): MUSHTAQ AHMAD M.D. DEGREE
23D. ADDRESS: Maryland General Hospital, Baltimore, Md 21201

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/2/72
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto. - Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972
25B. NAME OF REGISTRAR: Sidney Whorton
25C. FUNERAL DIRECTOR: John J. Cowan & Son Inc.
ADDRESS 901 Hollins St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. V-520 72 11382 REG. NO. 72 11382 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Vanik, Billie L

2. DATE AND HOUR OF DEATH: 11/27/72 2:32 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN: GLEN ARM D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 12306 MANOR RD.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
FEMALE	WHITE	MARRIED ☒	4-30-24	48				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Partime-Bldg. & Loan	Housewife	Maryland	U.S.A.

13. FATHER'S NAME: GILBERT BURNHAM

14. MOTHER'S MAIDEN NAME: Harriette Jones

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	216-18-9910	Howard J. Vanik	12306 Manor Rd. Glen Arm, Md. 21057

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 199.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Respiratory arrest
DUE TO, OR AS A CONSEQUENCE OF:

(B): Adenocarcinoma
DUE TO, OR AS A CONSEQUENCE OF:

(C):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		YES	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/16 19 72 to 11/27 19 72, that (I) (we) last saw the deceased alive on 2:32 PM, 11/27 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Terry S. Rehn MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/27/72

23C. PHYSICIAN'S NAME (Type): TERRY S. REHN DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	11/30/72	Parkwood Cemetery	Parkville Balto.	Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972
25B. NAME OF REGISTRAR: Sidney Winston
25C. FUNERAL DIRECTOR: Lassahn Funeral Home
ADDRESS: 7401 Belair Rd. Balto. 21236

VS 150-REV. 1/1/68

T-250 72 11383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11383

BIRTH NO.

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Tyson, Lena Emily

2. DATE AND HOUR OF DEATH: 11/23/72 | 1:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 501
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [XX] NO [ ]
E. STREET AND NUMBER: 1024 Orleans Street, Apt. 10

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [XX] DIVORCED [ ]
8. DATE OF BIRTH: 6/9/00
9. AGE (In years last birthday): 72
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unk
14. MOTHER'S MAIDEN NAME: Unk

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-01-0238
17. INFORMANT: Thomas Stratton Sanity Mary Stratton, 2416 Lakeview ave ADDRESS

CAUSE OF DEATH

18. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cardiovascular collapse	2-3 min
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Myocardial infarction	2-3 days
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	severe congestive heart failure	2-3 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Empyema - (prob. pneumococcal)

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 12
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/20/19 72 to 11/23/19 72, that (I) (we) last saw the deceased alive on 11/23/19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kenneth Baughman M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/23/72
23C. PHYSICIAN'S NAME (Type): Kenneth Baughman, M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/29/72
24C. NAME of CEMETERY or CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Brooklyn A.A. co. md

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972
25B. NAME OF REGISTRAR: Lindsay Winston
25C. FUNERAL DIRECTOR: Marshall W. Jones Sr. ADDRESS: 1735 Harford Ave 1213 Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

12 08 58 R3 TYSON, Lena Emily 1

D-420 72 11384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11384

STATE OF MARYLAND-DHMH

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EDITH R. DE LUCA

2. DATE AND HOUR OF DEATH: November 27, 1972 | 6:10 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 90 Hood Nursing Home

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 2854

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 8 Mardrew Road 21229

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	White	WIDOWED ☒	9-28-1882	90		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker		Maryland	U.S.A.

13. FATHER'S NAME: Oscar Rodman

14. MOTHER'S MAIDEN NAME: Margaret Reed

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	212-09-0154	Mrs. Rose C. Dixon	8 Mardrew Rd. 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

412.4 I

(A) IMMEDIATE CAUSE: Cerebral Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 Week

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Cardio-vascular Disease — Years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
6		no	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) attended the deceased from Oct. 1969 to Nov. 1972, that (I) deceased alive on Nov. 21 1972 and that in(my) opinion death occurred an the date and hour and from the causes stated above. (I) (did) view the body after death.

23A. SIGNATURE: Leo J. Gaver DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐ — 23B. DATE SIGNED: Nov. 28, 1972

23C. PHYSICIAN'S NAME (Type): Leo J. Gaver M.D. DEGREE — 23D. ADDRESS: 1 Mallow Hill Road, Balto., Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-29-1972	Loudon Park Cemetery	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 1 1972	Sidney Watson	Howard H. Hubbard, 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-540 72 11385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11385

STATE OF MARYLAND-DHMH

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bertha M Kemlo.

2. DATE AND HOUR OF DEATH: November 26,1972 1:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1449 Medfield Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 2740
6206Lincoln Ave.
C. CITY OR TOWN: Balto.Md.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6206 Lincoln Ave.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F.	White	WIDOWED [X]	12/15/93	78		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Meat Wrapper	Food Dair.	N.J.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
---	---	215-22-5162	William H.Elliott Jr	4355 Newport Ave.

MEDICAL CERTIFICATION

18. 1830 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Generalized metastatic carcinoma	3 days
(B) DUE TO, OR AS A CONSEQUENCE OF:	Carcinoma of ovary	3yrs.
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: White At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug. 7 1969 to 11-26-1972 that (I) (we) last saw the deceased alive on 11-22-1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Raymond L. Markey M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11-29-72

23C. PHYSICIAN'S NAME (Type): Raymond L. Markey, M.D. DEGREE
23D. ADDRESS: 101 W. Read St. Medical Arts Bldg. #21201

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/30/72	Somerville	Somerville N.J.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 1 1972	Sidney Anderson	Paul E. Chenoweth Jr	3615 Chestnut Ave

VS 150-REV. 1/1/68

1

E-215 72 11386

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11386

BIRTH NO.

1. NAME OF DECEASED (Type or Print) A. Manuel Espinoza			2. DATE OF DEATH Known ☒ Estimated ☐	Month 11	Day 24	Year 72	Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 University Hospital			3. DATE PRONOUNCED DEAD	Month 11	Day 24	Year 72	Hour 7:25 p. M.
5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Va.	B. COUNTY V43						
6. SEX male	7. RACE White	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	C. CITY OR TOWN Alexandria	D. INSIDE CITY LIMITS? YES ☒ NO ☐			
9. DATE OF BIRTH Dec.8,1941	10. AGE (In years last birthday) 30	If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.	E. STREET AND NUMBER 5807 Blain Drive				
11. BIRTHPLACE (State or foreign country) Peru, South America	12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Manuel Espinoza				
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	14B. KIND OF BUSINESS OR INDUSTRY L.&T. Trucking Co.		15. MOTHER'S MAIDEN NAME Carmela Masias				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	17. SOCIAL SECURITY NO. 141-36-5522		18. INFORMANT Hilda Espinoza	ADDRESS Augusta, Georgia			

MEDICAL CERTIFICATION

19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — E 814.7

CAUSE OF DEATH: Multiple injuries

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
12		yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Rt. 495 - Washington Beltway 6600

22D. TIME OF INJURY (APPROX.) (Month)	(Day)	(Year)	(Hour)	22E. INJURY OCCURRED WHILE AT WORK ☐	NOT WHILE AT WORK ☒ (5)	22F. HOW DID INJURY Ooccur?
11	24	72	approx 6:00 p.m.			Subject pedestrian hit by auto while trying to flag down auto.

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 11/25/72

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-29-72	Columbia Gardens Cem.	Arlington, Virginia

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 1 1972	Sidney Morton	LeeF.H.	300-4th St.,N.E.,Wash.,D.C.

VS 151-REV. 1/1/68

N 996.8

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-505 72 11387

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11387

REG NO.

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Edward P. Thomson

2. DATE AND HOUR OF DEATH: 11-28-72 | 6 20 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Univ of Md. Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Wicomico 7200
C. CITY OR TOWN: Salisbury D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 507 Pine Bluff Road, Salisbury, Md

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	Caucasian	☒ MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED	8-21-97	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Insurance Agent	Retired	England	USA

13. FATHER'S NAME: N/A

14. MOTHER'S MAIDEN NAME: Frances Wigley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	—	215-12-3348	Della McAllister Thomson	(Same as 4c)

MEDICAL CERTIFICATION

18. IPX I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cardio Pulmonary Arrest	—
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Invasion of colon & fecal (generalized peritonitis) contamination of abdomen	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Metastatic Carcinoma of the Bladder	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). —

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0	Cant hepatic flexure	NO	—

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	—

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
NA	While At Work ☐ Not While At Work ☐	NA

22. I certify that (I) (this hospital) attended the deceased from 11/5 19 72 to 11/28 19 72 that (I) (we) last saw the deceased alive on 11/28/72 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys.	Med. Director	Staff Phys.	23B. DATE SIGNED
Stanley B Silber	M.D.	☐	☐	☒	11/28/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
STANLEY B. SILBER		Univ of Md Hosp

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/1/1972	Wicomico Memorial Park	Salisbury Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 1 1972	Audrey Whorton	Hill-Baker-Bounds	Salisbury, Md.

VS 150-REV. 1/1/68

1

STATE OF MARYLAND—DHMH

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

C-534 BIRTH NO. 72 11388 REG. NO. 72 11388

1. NAME OF DECEASED (Type or Print): Edward N. Chandler Jr.

2. DATE OF DEATH: Known ☒ Estimated ☐ Month 11 Day 28 Year 72 Hour M.

3. DATE PRONOUNCED DEAD: Month 11 Day 28 Year 72 Hour 8:15 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY 2047
C. CITY OR TOWN Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER 13 S. Culver St.

6. SEX: male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 11-28-50
10. AGE (In years last birthday): 22
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward N. Chandler Sr.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. ARMY
14B. KIND OF BUSINESS OR INDUSTRY: Govt.
15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Yes Active Duty
17. SOCIAL SECURITY NO.: 217-54-0103
18. INFORMANT: FT. MEADE ADDRESS Ft. Meade Md.
FT. MEADE ARMY RECORDS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 430.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Acute subarachnoid and intracerebral hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Septicemia

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/29/72

24A. BURIAL CREMATION, REMOVAL (Specify): Buried
24B. DATE: 12/4/72
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Arbutus, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972
25B. NAME OF REGISTRAR: Sidney Silverstein
25C. FUNERAL DIRECTOR: Robert L. Bauman
ADDRESS: Severna Pk. Md.

VS 151-REV. 1/1/68

12-22-1972 - Completion of cause of death on a pending medical examiner death certificate - Peter Lipkovic, M.D. hs

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-635 72 11389

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11389

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): WROTEN, HOWARD E

2. DATE AND HOUR OF DEATH: 11/24/72 11:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland Gen Hosp 48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2854
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 502 Rock Glen Rd 21229

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	W		3/8/94	78				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
credit dept-retired	Hutzler Bros Dept Store	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Late Marion L. Wroten	Late Margaret Hurley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes	WW 1	215-10-6460	Mrs. Daisy Clauser, 502 N. Rock Glen Rd.	21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Metastatic Carcinoma of Colon-	6 Months
(B) DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19__ to _____ 19__ that (I) (we) last saw the deceased alive on _____ 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☑	23B. DATE SIGNED
Michael F. Graham	MD				11/29/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
MICHAEL F. GRAHAM		Md Gen Hosp

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/2/72	Lorraine Park Cemetery	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 1 1972	Daisy J. Newton	Witzke, 1630 Edmondson Ave.,	21228

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-630 72 11390

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11390

STATE OF MARYLAND—DHMH

1. NAME OF DECEASED (Type or Print): DELMA V. BURT	2. DATE AND HOUR OF DEATH: 11-26-72 8.05 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md. B. COUNTY: Baltimore C. CITY OR TOWN: Catonsville D. INSIDE CITY LIMITS? YES [X] NO [ ] E. STREET AND NUMBER: 113 Beaumont Avenue
5. SEX: F	6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: 06-26-1901
9. AGE (In years last birthday): 71	If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk	10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): MARYLAND	12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: W-120 72 11390 Denwood White	14. MOTHER'S MAIDEN NAME: Virginia Webester
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 212-22-7012
17. INFORMANT: Anne B. Henry	ADDRESS: 113 Beaumont Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	CONGESTIVE HEART FAILURE	
DUE TO, OR AS A CONSEQUENCE OF: (B)	AORTIC STENOSIS	
DUE TO, OR AS A CONSEQUENCE OF: (C)	ARTERIOSCLEROSIS	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION: 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?	

22. I certify that (I) (this hospital) attended the deceased from 11-19-72 19 to 11-26-72 19 that (I) (we) last saw the deceased alive on 11-26-72 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: H. WENDORFF DEGREE	Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]	23B. DATE SIGNED: 11-26-72
23C. PHYSICIAN'S NAME (Type): HERMANN WENDORFF DEGREE	23D. ADDRESS: Union Memorial Hospital	

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial	24B. DATE: 11/30/72	24C. NAME of CEMETERY or CREMATORY: Greenmount Cemetery	24D. LOCATION (City, town, or county) (State): Baltimore, Maryland	
25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972	25B. NAME OF REGISTRAR: Sidney Whorton	25C. FUNERAL DIRECTOR: Edw. S. MacNabb Sons, Inc	ADDRESS: 301 Frederick Road Catonsville, Md.	

VS 150-REV. 1/1/68

BIRTH NO. W-120 72 11391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11391 STATE OF MARYLAND-DEATH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Whipps, Carrie G.

2. DATE AND HOUR OF DEATH: 11-28-72, 1:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Caton Manor Nursing Center
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3338 Wilkins Ave Baltimore, Md. 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 21229 BALTO 5 300
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 635 Plymouth Rd.

5. SEX: Femak 6. RACE: Cauc. 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 3-10-1883 9. AGE (In years last birthday): 89
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William F. Whipps
14. MOTHER'S MAIDEN NAME: Johanna Davis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service):
16. SOCIAL SECURITY NO.: 213-50-7735
17. INFORMANT: William Whipps ADDRESS:

18. CAUSE OF DEATH

I E 2.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose, injury or complicotion which coused deoth.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

(A) IMMEDIATE CAUSE: Carcinoma Tongue — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 mo
DUE TO, OR AS A CONSEQUENCE OF:
(B) Carcinoma of Bladder — 2 yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: Arteriosclerotic Heart Disease 5 yr

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medicol exominer)
21B. PLACE OF INJURY (e.g., in or obout home, form, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exoct location)
21D. TIME OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour)
21E. INJURY OCCURRED White At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify thot (I) (this hospitol) ottended the deceosed from 19 67 to Nov 19 72 thot (I) (~~we~~) lost sow the deceosed olive on Nov 23 19 72 ond thot in (my) (our) opinion deoth occurred on the dote ond hour ond from the couses stoted obove. (I) (We) (did) (did not) view the body ofter deoth.

23A. SIGNATURE: C. Nelson McKay MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11-28-72
23C. PHYSICIAN'S NAME (Type): DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/1/72
24C. NAME of CEMETERY or CREMATORY: Western Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972
25B. NAME OF REGISTRAR: Sidney J. Worton
25C. FUNERAL DIRECTOR ADDRESS: Edw. S. MacNabb Sons, Inc 301 Frederick Road Catonsville, Md.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-525 72 11392 REG. NO. 72 11392

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): LINGENFELTER, CLIFTON A.

2. DATE AND HOUR OF DEATH: NOVEMBER 28, 1972 1:25A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 40 ST. AGNES HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE 5300

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 601 ALVIN AVE 21228

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
MALE	CAUCASIAN	MARRIED ☒	03/18/18	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TECHNICIAN	TELEVISION	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUEL LINGENFELTER	EDNA DAVIDSON LINGENFELTER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
YES	W W 2	218073769	CATON & WILKENS AVES. BALTO, MD 21229 ST. AGNES HOSPITAL RECORDS;	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18B. 250.9 I — 200.1		
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Aspirated bronchopneumonia	
(B) DUE TO, OR AS A CONSEQUENCE OF:	Diabetes Mellitus	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Lymphosarcoma	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While At Work ☐ Not While At Work ☐	

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 27 1972 to NOVEMBER 28 1972, that (I) (we) last saw the deceased alive on NOVEMBER 28 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒	23B. DATE SIGNED
K. Esna	M.D.		11/28/1972

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
K. ESNA		BALTO, MD 21229 ST. ANGES HOSP; CATON & WILKENS AVES.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/1/72	Good Shepherd Cemetery	Ellicott City, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 1 1972	Sidney J. Norton	Edw. S. MacNabb Sons, Inc.	301 Frederick Rd. Catonsville, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

72 11393

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

D-213

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11393

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print) GEORGE DUCVETT

2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD Month 11 Day 24 Year 72 Hour 3:45 P M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
OD 1409 MADISON AVE

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY Balto. City
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER 1409 Madison ave 1402

6. SEX M
7. RACE N
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH 3/5/32
10. AGE (In years last birthday) 40
If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) La Plata, Md.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME John Ducvett
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reporter
14B. KIND OF BUSINESS OR INDUSTRY News
15. MOTHER'S MAIDEN NAME Robinson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) None
17. SOCIAL SECURITY NO. 220-26-6885
18. INFORMANT Elsie Ducvett ADDRESS LaPlata, Md.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

4/24

ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) YES

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type) Peter Lipkovic, MD M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 11/26/72

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 11/28/72
24C. NAME of CEMETERY or CREMATORY Piney Branch
24D. LOCATION (City, town, or county) (State) LaPlata Md.

25A. DATE REC'D BY HEALTH DEPT. DEC 1 1972
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR ADDRESS Edward F. Bell Thomas Funeral Home, Pomonkey Md.

VS 151-REV. 7/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

W-416 72 11394 — BIRTH NO.

REG. NO. 72 11394 — STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): BIRDIE WOOLFORD

2. DATE AND HOUR OF DEATH: 11-28-72 — 2 05 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: MARYLAND GENERAL HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: BALTO 1601
C. CITY OR TOWN: BALTO. D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1103 W. LANVALE St. 21217

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	B	WIDOWED [X]	2-14-99	73				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Parr	Mary Briscoe

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Mrs. Mary Weeden	2120 Pressbury St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Respiratory Acidosis	24 hrs.
DUE TO, OR AS A CONSEQUENCE OF: (B)	Acute and Chronic Respiratory Failure	2-3 yrs.
DUE TO, OR AS A CONSEQUENCE OF: (C)	Chronic Bronchitis & Emphysema	10+ yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		Yes.	Yes

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys.	Med. Director	Staff Phys.	23B. DATE SIGNED
Michael G. Hayes, M.D.		[X]	[ ]	[ ]	11-28-72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Michael G. Hayes, MD		Md. Gen'l. Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/1/72	Baltimore National Cemetery	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 1 1972	Audrey Thornton	Mary E. Law	802 Madison Avenue

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

L-220

STATE OF MARYLAND-DHMH

72 11395

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 72 11395

1. NAME OF DECEASED (Type or Print): Mason E. Lucas, Jr.

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 28 — Year: 72 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 28 — Year: 72 — Hour: 6:00 p.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
35 Church Home & Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 603

6. SEX: male

7. RACE: White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 1-27-1948

10. AGE (In years last birthday): 24

If Under 1 Yr. or Under 24 Hrs. — Months | Days | Hours | Min.

E. STREET AND NUMBER: [redacted]. 1 N. Bradford St.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mason E. Lucas, Sr.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

14B. KIND OF BUSINESS OR INDUSTRY: Die Casting

15. MOTHER'S MAIDEN NAME: Doris Rose

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO.: 219-50 5935

18. INFORMANT: Mrs. Lila M. Lucas — ADDRESS:

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E965 X

Gunshot wound of abdomen

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1500 blk. Gough St. 301

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Subject was shot

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/29/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12-2-72

24C. NAME of CEMETERY or CREMATORY: Glen Haven Cem.

24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972

25B. NAME OF REGISTRAR: Audrey Wooters

25C. FUNERAL DIRECTOR: Hartley Miller — 2334 ADDRESS: Jefferson St.

VS 151-REV. 1/1/68

N 8791

K-536 1

STATE OF MARYLAND-DHMH — BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 72 11396 — REG. NO. 72 11396

1. NAME OF DECEASED (Type or Print): KONDRATUK ~~Kondratuck~~ Nina B.

2. DATE AND HOUR OF DEATH: 12/1/72 — 1:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Melchor Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md — B. COUNTY: 602
C. CITY OR TOWN: Balto. — D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 423 N. Montford Ave

5. SEX: F — 6. RACE: C — 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 12-27-99 — 9. AGE (In years last birthday): 72 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10B. KIND OF BUSINESS OR INDUSTRY: ~~Home~~

11. BIRTHPLACE (State or foreign country): Virginia — 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James C. Skinner ~~Unknown~~ — 14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Annie L. Tucker

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO.: 216-10-5531B

17. INFORMANT: Mr. Nicholas P. Skinner — 3418 Kenyon Ave. — ADDRESS

CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — 1B. 250.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Diabetes Mellitus — Several years
DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Extensive Decubiti, ASCVD Gangrene of Toe — Few months

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0 — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No — 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED — While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov. 17 1972 to Dec. 1 1972, that (I) (~~We~~) last saw the deceased alive on Nov. 30 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Loy M. Zimmerman M.D. DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐ — 23B. DATE SIGNED: Dec. 1, 72

23C. PHYSICIAN'S NAME (Type): Loy M. Zimmerman M.D. DEGREE — 23D. ADDRESS: 3202 Hartford Rd. Baltimore, Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 12-1-72 — 24C. NAME of CEMETERY or CREMATORY: Russian Orthodox Cem. — 24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972 — 25B. NAME OF REGISTRAR: Sidney J. Worton — 25C. FUNERAL DIRECTOR: Harold Wilson — 2334 — ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-152

72 11397 STATE OF MARYLAND-DEPT

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11397

BIRTH NO. 69-01333 BC REG. NO.

1. NAME OF DECEASED (Type or Print): CATHY ROBINSON		2. DATE OF DEATH: Known ☒ Estimated ☐ Month November Day 29 Year 1972	Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital (DOA)		3. DATE PRONOUNCED DEAD: Month November Day 29 Year 1972	Hour 9:50 P. M.
		5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 1802	
6. SEX: Female	7. RACE: Negro	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
9. DATE OF BIRTH: 1-18-69	10. AGE (In years last birthday): 3	If Under 1 Yr. or Under 24 Hrs. Months / Days / Hours / Min.	E. STREET AND NUMBER: 23 N. Carrolton Avenue
11. BIRTHPLACE (State or foreign country): Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME: Willy Robinson
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY		15. MOTHER'S MAIDEN NAME: Ronnie Bridges
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	17. SOCIAL SECURITY NO.		18. INFORMANT: Ronnie B. Robinson ADDRESS: 308 Fulton Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E890 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carbon monoxide poisoning

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Conflagration

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): Yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 23 N. Carrolton Avenue 1802
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-29-72 9:31 P.m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	22F. HOW DID INJURY OCCUR? Found in burning house

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S Platt M.D.

EXAMINER'S NAME (Type): Marvin S. Platt, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: November 30, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 12-4-72	24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.	24D. LOCATION (City, town, or county) (State): Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972	25B. NAME OF REGISTRAR: Sidney [illegible]	25C. FUNERAL DIRECTOR V. Bailey ADDRESS: Kelson F.H. 1348 Calhoun Street	

VS 151-REV. 1/1/68

N449[illegible]

1

R-152

STATE OF MARYLAND-DHMH

72 11398

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11398

REG. NO.

BIRTH NO. 67-05186 BC

1. NAME OF DECEASED (Type or Print): Winifred E. Robinson

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: November — Day: 29 — Year: 1972 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: November — Day: 29 — Year: 1972 — Hour: 9:55 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
Bon Secours Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1802

6. SEX: Female
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 3-10-67
10. AGE (In years last birthday): 5
If Under 1 Yr. Months ; Days ; If Under 24 Hrs. Hours ; Min.
E. STREET AND NUMBER: 23 N. Carrolton Avenue

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Willy Robinson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Ronnie Bridges

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Ronnie B. Robinson — ADDRESS: 308 Fulton Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E890 I X

(A) IMMEDIATE CAUSE: Carbon monoxide intoxication
DUE TO, OR AS A CONSEQUENCE OF:

(B) Conflagration
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 23 N. Carrolton Avenue 1802
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-29-72 9:31 P.m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Subject caught on fire while at kitchen stove

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: November 30, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-4-72
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972
25B. NAME OF REGISTRAR: Sidney Norton
25C. FUNERAL DIRECTOR: V. Bailey — ADDRESS: Kelson F.H. 1348 Calhoun Street

VS 151-REV. 1/1/68

N 949-0

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-650 72 11399 — REG. NO. 72 11399 — STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): LORRAINE BROWN

2. DATE AND HOUR OF DEATH: 11-17-72 | 1:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore, Md 1302
C. CITY OR TOWN:
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2042 Rendon Ave 21217

5. SEX: F
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 04/5/50
9. AGE (In years last birthday): 22
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Isaih Rogers
14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Robert Parnell ADDRESS: 2115 Pentland

MEDICAL CERTIFICATION

18. 7598 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Massive GI bleeding — ± 3 days
DUE TO, OR AS A CONSEQUENCE OF:
? + Marfan's Syndrome — ?
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C) Cardiac arrest — ½ hour

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 11-16-72 11:30 pm
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Rectal bleeding
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-15-72 to 11-17-72
that (I) (we) last saw the deceased alive on 11-17-72 at 1 pm and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: José C Saglun DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11-17 2 pm
23C. PHYSICIAN'S NAME (Type): JOSÉ SAGBINI DEGREE
23D. ADDRESS: Sinai Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-26-72
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cem.
24D. LOCATION (City, town, or county) (State): Brooklyn Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972
25B. NAME OF REGISTRAR: Lindy Johnson
25C. FUNERAL DIRECTOR: Joseph L. Reese ADDRESS: 2222 W. North Ave

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. A-516 72 11400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11400

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print) Ambrose, Anthony	2. DATE AND HOUR OF DEATH 11/29/72 | 10:30 pm M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital Wilkens and Caton Ave. 21229	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Laurel Prince Georges; C. CITY OR TOWN Laurel; D. INSIDE CITY LIMITS? YES ☐ NO ☒; E. STREET AND NUMBER 10 Morris Dr. 20810 6600

5. SEX	6. RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	W		11/30/04	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bartender	Rest.	Penna.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Ambrose	Filmino n/a

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	096-01-5033A	Mrs. Anna L. Ambrose	same as #4

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 162.1

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cerebral Metastasis	2 wks
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Bronchogenic Carcinoma	3 months
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Oct 11 1972 to Nov 29 1972, that (I) (we) last saw the deceased alive on 11.29 1972 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Kyle G. Swisher Jr MD DEGREE	Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐	11.30.72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Kyle G. Swisher JR MD DEGREE	3350 Willkens Ave - Balto, Md

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/2/72	Calvery Cemetery	Johnson City, New York

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 1 1972		Laurel Funeral Home Inc. 550 Washington Blvd of Howard M. Fleck Laurel, Md. 20810

VS 150-REV. 1/1/68

1

S-500 72 11401 STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11401 REG. NO.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Haliburton Swann

2. DATE OF DEATH: Known ☒ Estimated ☐ Month 11 Day 28 Year 72 Hour M.

3. DATE PRONOUNCED DEAD: Month 11 Day 28 Year 72 Hour 1:50 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 16 E. Lanvale Street

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Md. B. COUNTY: 205

6. SEX: male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 8-30-1907
10. AGE (In years last birthday): 65
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 16 E. Lanvale St.

11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Haliburton Swan

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
14B. KIND OF BUSINESS OR INDUSTRY: Textile Worker
15. MOTHER'S MAIDEN NAME: Grace Maddox

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.: 223-22-0940
18. INFORMANT: Miss Dora Swan ADDRESS: Culpeper, Va.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I 519.3 Chronic obstructive pulmonary disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Arteriosclerotic cardiovascular disease

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Peter Lipkovic M.D. M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/29/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-1-1972
24C. NAME of CEMETERY or CREMATORY: Fairview Cemetery
24D. LOCATION (City, town, or county) (State): Culpeper, Virginia

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972
25B. NAME OF REGISTRAR: Sidney Johnston
25C. FUNERAL DIRECTOR: Clore Funeral Home ADDRESS: Culpeper, Va.

VS 151-REV. 1/1/68

Released on Approval by Dr. Lipkovic of M.E. Office

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

STATE OF MARYLAND—DUMM

G-262 72 11402 — 72 11402

BIRTH NO. — REG. NO.

1. NAME OF DECEASED (Type or Print): GEGOREK F. CASMIER

2. DATE AND HOUR OF DEATH: 11-28-72 | 11:53 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: 202
C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1821 Gough Street

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	Cauc.	WIDOWED [X]	9/26/189D	82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED		MD.	U.S.A.

13. FATHER'S NAME: Frank Gegorek

14. MOTHER'S MAIDEN NAME: Anna Kamosa

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO E898X	216-05-9232	THEODORE GEGOREK	4709 DUNCREST AVE # 21206

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAUSE: Shock	48 HRS
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	DUE TO, OR AS A CONSEQUENCE OF: (B) Probable sepsis	48 HRS
	DUE TO, OR AS A CONSEQUENCE OF: (C) Aspiration pneumonia	48 HRS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	15% 2° BURN	10 DAYS

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
[X]	HOME (2)	1821 GOUGH ST. 202

21D. TIME OF INJURY (APPROX.) (Month)	(Day)	(Year)	(Hour)	21E. INJURY OCCURRED: While At Work [ ]	Not While At Work [X]	21F. HOW DID INJURY OCCUR?
11	18	72	3:30 P.M			~~BURN~~ SMOKING, PAPER CAUGHT FIRE

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 11-18 19 72 to 11-28 19 72, that ~~(I)~~ (we) last saw the deceased alive on 11-28 19 72 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys.	Mod. Director	Staff Phys.	23B. DATE SIGNED
Charles H. Diggs	M.D.	[ ]	[ ]	[X]	11-28-72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
CHARLES H. DIGGS	M.D.	601 N. BROADWAY BALTIMORE 21205

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	12/2/72	Holy Rosary Cemetery	Baltimore Co. MD.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 1 1972	Sidney Norton	Raymond L. Kaczkowski	2525 Fleet St.

VS 150-REV. 1/1/68 N 9494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-236 72 11403 REG. NO. 72 11403 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Frances Polek Kajder
2. DATE AND HOUR OF DEATH: 11-27-72 1435 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland Gen. Hosp. 48
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: 104
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: S. Milton Ave. 819
5. SEX: F 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 3-9-82 9. AGE (In years last birthday): 90 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Poland 12. CITIZEN OF WHAT COUNTRY? Poland?
13. FATHER'S NAME: UNKNOWN —
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: ~~218-10-6988~~
17. INFORMANT: SON JOSEPH KAJDER ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Ventricular fibrillation Cardiogenic	7 Seconds
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Cardiogenic shock	6 Hours
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Myocardial Infarction	7 Hours
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-27-72 1972 to 11-27 1972 that (I) (we) last saw the deceased alive on 11-27-72 1972 and that I (my) (our) opinion death occurred an the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Arnold G. Alexander MD DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11-28-72
23C. PHYSICIAN'S NAME (Type): Arnold G. Alexander MD DEGREE
23D. ADDRESS: 827 Linden Ave B, Md 21201

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12-2-72 24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore MD.

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972 25B. NAME OF REGISTRAR: [signature] 25C. FUNERAL DIRECTOR: Raymond L. Kaczorowski ADDRESS: 2525 Fleet St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-624

72 11404

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11404

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): JOHN E. MARSHALL JR.

2. DATE AND HOUR OF DEATH: 11/30/72 | 1840 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HAMILTON NURSING HOME 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balt City 2712
C. CITY OR TOWN: Balt D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 227 E. BELVEDERE AVE.

5. SEX: M
6. RACE: CAUC
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5/31/1891
9. AGE (In years last birthday): 81
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FACTORY MGR.
10B. KIND OF BUSINESS OR INDUSTRY: HYLUBER CORP. GEN. MGR.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. MARSHALL, SR.
14. MOTHER'S MAIDEN NAME: Ella M. Server MARSHALL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 216-07-8971
17. INFORMANT: daughter-Mrs. Motz 227 E Belvedere Balt ADDRESS

MEDICAL CERTIFICATION

18. 492X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) IMMEDIATE CAUSE: RESPIRATORY FAILURE
DUE TO, OR AS A CONSEQUENCE OF:
(B) EMPHYSEMA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 14 YRS
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). SEVERE ASCVD — 20 YRS

19A. DATE OF OPERATION: none
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): no
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): none
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/31 19 72 to 11/30 19 72, that (I) (we) last saw the deceased alive on 11/29 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: RA Coyne MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11/30/72
23C. PHYSICIAN'S NAME (Type): RA Coyne MD DEGREE
23D. ADDRESS: 615 W 40th Balt MD 21211

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-4-72
24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State): Pikesville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR ADDRESS: Henry W. Jenkins Sons 4905 York Rd. Baltimore, Md. 21212

VS 150-REV. 1/1/68

1

72 11405

STATE OF MARYLAND-DEPT.
BALTIMORE CITY HEALTH DEPARTMENT

R-200
BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11405
REG. NO.

1. NAME OF DECEASED (Type or Print): Allen Rich

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 11 — Day: 28 — Year: 72 — Hour: M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 28 — Year: 72 — Hour: 7:05 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Johns Hopkins Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
33

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 806
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1736 E. Lanvale St.

6. SEX: male
7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. DATE OF BIRTH: July 10 - 1935
10. AGE (In years last birthday): 38 37
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

11. BIRTHPLACE (State or foreign country): Jersey City N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Rich
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Hattie Bolden
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO
17. SOCIAL SECURITY NO.:
18. INFORMANT: Emma Hattie ADDRESS:

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E9803

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Darvon Overdose
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Unknown
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Unknown
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Unknown Unk. m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? Subject ingested overdose of darvon

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [XX] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: 11/29/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-4-72
24C. NAME of CEMETERY or CREMATORY: Baltimore Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 1 1972
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: Coulson
ADDRESS: 1000 Bramley Ln

VS 15-REV. 4/1/68

N 96 S 11

12-22-1972 - Completion of cause of death on a pending medical examiner death certificate-
Peter Lipkovic, M.D. hs

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-425 72 11406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11406

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): Richard Wilson

2. DATE AND HOUR OF DEATH: Nov. 25, 1972 | 8:45 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 1803 E. Chase St.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 808
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1803 E. Chase St

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	Colored	MARRIED ☑	July 25, 1906	66		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	None	Manning, South Carolina	U. S. A.

13. FATHER'S NAME: Raymond Wilson

14. MOTHER'S MAIDEN NAME: Sarah Ann Singleton

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	705-10-5506	Willie Wilson	Same

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Myocardial Infarction	Instant
(B) DUE TO, OR AS A CONSEQUENCE OF:	Coronary Insufficiency	3 yrs
(C)		

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work ☐ / Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from May 15 1972 to Nov. 25 1972, that (I) (~~we~~) last saw the deceased alive on June 26 1972 and that to(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~and~~) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
R. W. McDaniel, M.D. DEGREE	Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐	11-29-72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
R. W. McDANIEL, M. D. DEGREE	1500 E. Madison Balto., Md.
1500 E. MADISON ST.	

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-30-72 BALTIMORE MD	Balto. Cem.	Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 1 1972	[illegible]	Elroy O. Wilson	1000 Brantley Ave. Balto. Md.

VS 150-REV. 1/1/68

BC 72-176-37

7-432 72 11407

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11407

STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): FIELDS (BABY BOY) MICHAEL LEONARD

2. DATE AND HOUR OF DEATH: 11/29/72 7·23 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY HOSPITAL, GREENE STREET, BALTIMORE, MD 21201

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 90b
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1617 E. 31st STREET

5. SEX: M
6. RACE: NEGRO
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11/28/72
9. AGE (In years last birthday): 20 hours
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 19 Min.: 52

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): USA (MARYLAND)
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: RICHARD FIELDS
14. MOTHER'S MAIDEN NAME: BRENDA FIELDS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: AZAD CADER MD, ADDRESS: University Hospital, Baltimore Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: HYALINE MEMBRANE DISEASE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 19 hours.
DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/28/1972 to 11/29/1972 that (I) (we) last saw the deceased alive on 11/29/1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Azad Cader MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/29/72
23C. PHYSICIAN'S NAME (Type): AZAD CADER MD DEGREE
23D. ADDRESS: University Hospital, Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-30-72
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Arbutus, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Randolph J. Collick — ADDRESS: 2431 E. Oliver St.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. D-120 72 11408 REG. NO. 72 11408

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Georgia Davis

2. DATE AND HOUR OF DEATH: 11-30-72 10:25 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3308 Hawkins Point Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2505
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3308 Hawkins Point Rd.

5. SEX: Female 6. RACE: Negro 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 4-4-1893 9. AGE (In years last birthday): 79 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic 10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Wallace

14. MOTHER'S MAIDEN NAME: Ida Cullison

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Etta Davis ADDRESS: 3308 Hawkins Pt. Rd. 21226

MEDICAL CERTIFICATION

18. I 410.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Probable Acute Myocardial Infarction — minutes
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Cardio Vascular Disease - Old ~~Right~~ Cerebral Accident — 7/1968
DUE TO, OR AS A CONSEQUENCE OF:
(C) Cerebral Accident

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Hypothyroidism — 1962

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 7/15/68 19 to 11/30/ 19 72, that (I) (~~saw~~) last saw the deceased alive on 11-29-72 19 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: B. S. Karpers M.D. DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐ — 23B. DATE SIGNED: 12-2-72

23C. PHYSICIAN'S NAME (Type): B. S. Karpers Jr. M.D. DEGREE
23D. ADDRESS: 514 Medical Arts Bldg Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12-4-72 24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery 24D. LOCATION (City, town, or county) (State): Anne Arundel Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972 25B. NAME OF REGISTRAR: Audrey Preston 25C. FUNERAL DIRECTOR ADDRESS: Randolph J. Collick 2431 E. Oliver St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

S-320 BIRTH NO. 72 11409 REG. NO. 72 11409

1. NAME OF DECEASED (Type or Print): THOMAS STACK

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour

3. DATE PRONOUNCED DEAD: Month Day Year Hour
November 21, 1972 2:50 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
1210 Mt. Royal Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 1102

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐

9. DATE OF BIRTH: UNK
10. AGE (In years last birthday): 62
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

E. STREET AND NUMBER: 1210 Mt. Royal Avenue

11. BIRTHPLACE (State or foreign country): UNK
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: UNK.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNK
14B. KIND OF BUSINESS OR INDUSTRY: UNK
15. MOTHER'S MAIDEN NAME: UNK.

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): UNK
17. SOCIAL SECURITY NO.: UNK.
18. INFORMANT: LANDLORD, 1210 Mt ROYAL AVE ADDRESS

MEDICAL CERTIFICATION

19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease
412.4 I
(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N Kornblum Deputy M.D.
CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
DATE SIGNED: 11/21/72

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 11-29-72
24C. NAME of CEMETERY or CREMATORY: U of M Anatomy Board
24D. LOCATION (City, town, or county) (State): Balt, Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR: Audrey Johnson
25C. FUNERAL DIRECTOR: Raymond J Curran ADDRESS 817 Scarlett Pl Towson, Md 21204

VS 151-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. W-635 72 11410

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11410

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) XXXXXXXXXXXXXXX, MIRIAM WERTHEIMER

2. DATE AND HOUR OF DEATH 11/28/72 12:05 am. 12 05 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
SINAI HOSPITAL OF BALTIMORE, BALTIMORE MD. 21215
4-2

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD B. COUNTY 13-01
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER TEMPLE GARDEN APTS, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 2601 MADISON AVENUE #21217

5. SEX FEMALE
6. RACE XX WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 9/8/87
9. AGE (In years last birthday) 85
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JACOB SCHOENEMAN
14. MOTHER'S MAIDEN NAME FANNIE WURTZBURGER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT MRS. LOUISE W. BERNEY, 5820 STUART AVE. #21215 ADDRESS

MEDICAL CERTIFICATION

18. 195.01 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Gastrointestinal Bleeding — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
DUE TO, OR AS A CONSEQUENCE OF:

(B) Intestinal Ileus, CHF; — Years.
DUE TO, OR AS A CONSEQUENCE OF:

(C) Non. Abdominal Malignancy

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No) Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/27 19 72 to 11/28 19 72 that (I) (we) last saw the deceased alive on 11/28 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Antonopoulos MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED 11/28/72
23C. PHYSICIAN'S NAME (Type) ANTONOPOULOS M.D. DEGREE
23D. ADDRESS Sinai Hosp. of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL
24B. DATE 11/30/72
24C. NAME of CEMETERY or CREMATORY BALTIMORE HEBREW
24D. LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT. DEC 4 1972
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD ADDRESS

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

N-150

BIRTH NO. 72 11411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11411

STATE OF MARYLAND-DEPT

1. NAME OF DECEASED (Type or Print): NEVIN, PRESSLEY H.

2. DATE AND HOUR OF DEATH: 11-30-72 | 2:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 THE UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: M.D. B. COUNTY: 307

C. CITY OR TOWN: BALTO. D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3939 ROLAND VIEW TOWERS

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M.	W		9-11-89	83				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
STRUCTURAL ENGINEER	ENGINEERING	PENNA	AMERICAN

13. FATHER'S NAME: John Hugh Nevin

14. MOTHER'S MAIDEN NAME: Annie May Little

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 285-10-7116

17. INFORMANT: Malcolm H. Nevin ADDRESS: Lutherville Md.

CAUSE OF DEATH

18. 4 5 0 X 1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Pulmonary embolism.	about 24 hours
DUE TO, OR AS A CONSEQUENCE OF:		
(B)		
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0 N.A.	N.A.		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
N.A.	N.A.	N.A.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?
N.A.	N.A.	N.A.

22. I certify that (I) (this hospital) attended the deceased from 11-29 19 72 to 11-30 19 72 that (I) (we) last saw the deceased alive on 11-30 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒	23B. DATE SIGNED
Tadashi Kuba M.D.			11-30-72

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS: THE UNION MEMORIAL HOSPITAL 33rd. and Calvert st. BALTO. MD.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-4-72	New Waterford Cemetery	New Waterford Ohio

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 4 1972	Sidney J. Norton	Cline Funeral Home	Hampstead Md.

VS 150-REV. 1/1/68

3937 ROLAND AVE

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 7-500 72 11412 REG. NO. 72 11412

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): JOSEPH LEONARD FINN

2. DATE AND HOUR OF DEATH: November 28 1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1330 Morling Avenue OD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1348
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1330 Morling Avenue

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	White	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	27 June 1913	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Safety Instructor	Post Office Dept	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Finn	Sadie McCann

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	218 01 1601	Mrs. Julia S. Finn	same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 436.9 + 008.9

(A) IMMEDIATE CAUSE: Cerebro vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: sudden
DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Viral enteritis — 3 days

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 11/25 1972 to 11/28 1972, that (I) (we) last saw the deceased alive on 11/25 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Reuben Hoffman, M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 11-29-72

23C. PHYSICIAN'S NAME (Type): Dr. Reuben Hoffman DEGREE

23D. ADDRESS: 846 West 36th Street

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	1 Dec 1972	Mt. Hope Cemetery	Woodsboro, Frederick Co. Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 4 1972	Sidney Winston	Burgee Funeral Home	Baltimore, Maryland

By: Wood M Burgee Jr

VS 150-REV. 1/1/68

1

72 11413 STATE OF MARYLAND-DHMH

W-416 BALTIMORE CITY HEALTH DEPARTMENT 72 11413

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): HUBERT O WOLVERTON	2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year: November 28, 1972 Hour: M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: 00 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 127 N. Broadway	3. DATE PRONOUNCED DEAD: Month Day Year: November 28, 1972 Hour: 5:55 A.M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 301
6. SEX: Male 7. RACE: White 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
9. DATE OF BIRTH: August 1o 1917 10. AGE (In years last birthday): 55 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER: 135 N. Broadway
11. BIRTHPLACE (State or foreign country): Virginia 12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME: Charles Wolverton
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 14B. KIND OF BUSINESS OR INDUSTRY: Merchant Ship	15. MOTHER'S MAIDEN NAME: Eva Brown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No 17. SOCIAL SECURITY NO.: 212 12 5856	18. INFORMANT: Mrs. Irene W. Wheat ADDRESS: 5500 Springlake Way

MEDICAL CERTIFICATION

19. 571.9 CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cirrhosis of liver

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): Yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S Platt M.D.

EXAMINER'S NAME (Type): Marvin S. Platt, M.D.

CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: November 28, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 30 Nov 1972	24C. NAME of CEMETERY or CREMATORY: Woodlawn Cemetery	24D. LOCATION (City, town, or county) (State): Woodlawn, Balto Co Maryland
25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972	25B. NAME OF REGISTRAR: Sidney Norton	25C. FUNERAL DIRECTOR: Burnee Funeral Home, By: Howard Burnee Jr	ADDRESS: Baltimore Maryland

VS 151-REV. 1/1/68

1

Swiderski, Anthony
11/28/72

Released non-med by Dr. Platt of M.E. Office

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-362 — 72 11414 — REG. NO. 72 11414 — STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): Swiderski, Anthony T.

2. DATE AND HOUR OF DEATH: 11/28/72 — 8:10 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: BALTIMORE Co. 5300
C. CITY OR TOWN: ~~Baltimore~~ DUNDALK — D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1762 Brookview Road 21222

5. SEX: Male — 6. RACE: Cauc. — 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 8. DATE OF BIRTH: 2/26/25 — 9. AGE (In years last birthday): 47 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTENANCE ENGR. — 10B. KIND OF BUSINESS OR INDUSTRY: HOSPITAL — 11. BIRTHPLACE (State or foreign country): MARYLAND — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Swiderski — 14. MOTHER'S MAIDEN NAME: Katherine Szynkowiak

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES — (If yes, give war or dates of service): WW II — 16. SOCIAL SECURITY NO.: 219-12-5011 — 17. INFORMANT: Alice F. Swiderski (Wife) — ADDRESS: Same #4

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Myocardial infarction & CARDIAC ARREST
DUE TO, OR AS A CONSEQUENCE OF:
(B) Diabetes Mellitus — 8 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED — 20A. AUTOPSY? (Yes or No): No — 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) — 21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐ — 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospitol) attended the deceased from November 28 19 72 to November 28 19 72, that (I) (we) lost saw the deceased alive on November 28 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jeffrey A Gelfand MD — DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: Nov. 28, 1972

23C. PHYSICIAN'S NAME (Type): Jeffrey A. Gelfand MD — DEGREE — 23D. ADDRESS: Johns Hopkins Hospital, Md.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 24B. DATE: 12/1/1972 — 24C. NAME of CEMETERY or CREMATORY: Holy Cross Polish Cath. Cem. — 24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972 — 25B. NAME OF REGISTRAR: Sidney Sutton — 25C. FUNERAL DIRECTOR — ADDRESS: Wells Brooks Bradley, Dundalk, Md

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G-653 72 11415 REG. NO. 72 11415 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) Andres G. Grandea, Sr. — Grandea, Mr. Andres

2. DATE AND HOUR OF DEATH 12/1/72; 5am | HERRERA M.D

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Bon Secours Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1224 Black FRIARS Rd. 21228

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	W	MARRIED ☒	2/4/05	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Capt.	U S ARMY	PHILIPINES	USA

13. FATHER'S NAME: Pasqual Grandea

14. MOTHER'S MAIDEN NAME: Fortunana Gallenero

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes	30 years	213-34-8349	Mr. Andres Grandea, Jr.	1224 Black Friars Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: As CVD in CHF
DUE TO, OR AS A CONSEQUENCE OF: C

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Toxic Encephalopath by Anoxia

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19__ to 12/1/72 19__ that (I) (we) last saw the deceased alive on 12/1/72 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A Herrera DEGREE — Attending Phys. ☐ Med. Director ☒ Staff Phys. ☐ — 23B. DATE SIGNED: 12/1/72

23C. PHYSICIAN'S NAME (Type): ALFREDO HERRERA DEGREE — 23D. ADDRESS: Bon Secour Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/4/72	Arlington National Cemetery ~~Meadowridge Cemetery~~	Arlington Virginia ~~Dorsey, Maryland~~

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 4 1972	Sidney Newton	Witzke Catonsville Funeral Home	~~1630 Edmondson Avenue 21228~~

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-620 72 11416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11416

STATE OF MARYLAND-DHMH

BIRTH NO.

1. NAME OF DECEASED (Type or Print) KRESS, MARY G.

2. DATE AND HOUR OF DEATH 12 1 72 7:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

40 ST AGNES HOSPITAL
BALTIMORE, MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD. B. COUNTY BALTIMORE

5300

C. CITY OR TOWN BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER 1625 INGLESIDE AVE-

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
FEMALE	WHITE		9 24 15	57				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SECRETARY		TENNESSEE	U S A

13. FATHER'S NAME: ALBERT BANKSTON (deceased)

14. MOTHER'S MAIDEN NAME: SALLY (BANKSTON) Forrest

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	408 07 6940	ST AGNES HOSPITAL-BALTO., MD.	

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 5.9.31

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Respiratory Failure

DUE TO, OR AS A CONSEQUENCE OF: Cor Pulmonale + Heart Failure

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C) Chronic Obstructive Pulmonary Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). None

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from August 1970 to December 1972, that (I) ~~(last)~~ last saw the deceased alive on 12-1 1972 and that In(my) ~~(the)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(Did not)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
Joseph N. Miller, MD DEGREE	Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐	12-1-72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
JOSEPH H MILLER, M.D. DEGREE	ST AGNES HOSPITAL-BALTO., MD.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/5/72	Lakeview Cemetery	Carroll County, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 4 1972	Lindsay M. Morton	Witzke Catonsville Funeral Home 1630 Edmondson Avenue 21228

VS 150-REV. 1/1/68

1

M

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-532 72 11417

REG. NO. 72 11417

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): MONTAGUE, Sr. JOHN JOSEPH

2. DATE AND HOUR OF DEATH: DECEMBER 3, 1972 | 5:55 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL CATON & WILKENS AVENUES BALTIMORE, MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 21223 2005

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 306 S SMALLWOOD STREET 21223

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
MALE	CAUCASIAN	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	07/23/99	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PAINTER	DEPARTMENT STORE	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN MONTAGUE	BERTHA (FOWLER)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO	216-09-1933	WILKENS AVENUES BALTO MD ST AGNES HOSPITAL' S RECORDS CATON &

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
162.1	(A) IMMEDIATE CAUSE: CA - lung	
	(B) DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED: While At Work / Not While At Work	21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from NOVEMBER 3 19 72 to DECEMBER 3 19 72, that (X) (we) last saw the deceased alive on DECEMBER 3 19 72 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: L. Buckler M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 12 3 72

23C. PHYSICIAN'S NAME (Type): L. BUCKLER M.D. DEGREE

23D. ADDRESS: AVES. BALTO., MD. 21229 ST. AGNES HOSPITAL-CATON & WILKENS

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Entombement	12/6/72	Loudon Park Mausoleum	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 4 1972	Sidney Silverman	Witzke, 1630 Edmondson Avenue	21228

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-620 72 11418 REG. NO. 72 11418 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): BURKE, Irene H.

2. DATE AND HOUR OF DEATH: December 1, 1972 | 12:30 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): U.S. Public Health Service Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: HARFORD 6228
C. CITY OR TOWN: Aberdeen D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 348 Walker Street

5. SEX: Female | 6. RACE: WHITE | 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH: Aug. 16, 1914 | 9. AGE (In years last birthday): 58 | If Under 1 Yr. Months/Days | If Under 24 Hrs. Hours/Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: -AT HOME
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Floyd Holifield
14. MOTHER'S MAIDEN NAME: Burkhead, NORA

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 492 03 1518
17. INFORMANT: Med. Records, 3100 Wyman Pk. Dr. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bilateral bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: recent
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Acute myelogenous leukemia — one year
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2 | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No): Yes | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I)/(this hospital) attended the deceased from Sept. 15 19 72 to December 1 19 72 that (I)/(we) last saw the deceased alive on December 1 19 72 and that in (my)/(our) opinion death occurred on the date and hour and from the causes stated above. (I)/(We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert E. Belliveau (Surg) DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: December 1, 1972
23C. PHYSICIAN'S NAME (Type): Robert E. Belliveau, M.D. DEGREE
23D. ADDRESS: 3100 Wyman Pk. Dr., Balto., Md. 21211

24A. BURIAL, CREMATION, REMOVAL (Specify): burial | 24B. DATE: 12/8/72 | 24C. NAME of CEMETERY or CREMATORY: Gravel Hill Cem. | 24D. LOCATION (City, town, or county) (State): Calvert Co. Arkansas

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972 | 25B. NAME OF REGISTRAR: Sidney Whorton | 25C. FUNERAL DIRECTOR: John J. Conway & Son, Inc. | ADDRESS: 901 Harlem St. Balto. Md. 21223

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

bvs

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-360 — 72 11419

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11419

REG. NO. STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Raymond R. Reter

2. DATE AND HOUR OF DEATH: 11/30/72 — 3 30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

CERTIFICATE AMENDED 12-19-72

4108 Hayward Ave. 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. — B. COUNTY: 2831

C. CITY OR TOWN: Balto. — D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4108 Hayward Ave.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	White	WIDOWED [X]	12/31/03	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Glazer	Mill	Md.	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Reter	Ethel Kirk

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes	WW2	215 05 8619	Constance R. Reter	4108 Hayward Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

153.8

(A) IMMEDIATE CAUSE: Ca of Colon — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinomatosis (liver, lung) ?

DUE TO, OR AS A CONSEQUENCE OF:

(C) Acute Dehydration

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Acute anemia

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If In Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 19 71 to Nov 30 19 72, that (I) (~~we~~) last saw the deceased alive on Nov 29 19 72 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE AND DEGREE: Thos R Abbott — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] — 23B. DATE SIGNED: 12-1-72

23C. PHYSICIAN'S NAME (Type) AND DEGREE: Thomas R Abbott — 23D. ADDRESS: 4504 Liberty Heights Ave

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	12/4/72	Lake View Cem.	Balto. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 4 1972	[illegible]	John T. Stansbury	6411 Windsor Mill Rd.

VS 150-REV. 1/1/68

12-19-1972 - Correction form from Funeral Director, John T. Stansbury, Balto., Md.
Notarized affidavit of Constance R. Reter and Marriage Certificate of
Raymond R. Reter and Constance Battone, dated April 6, 1943, No. 23578
Baltimore, Maryland (Constance R. Reter - Wife) hs

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-560 72 11420 REG. NO. 72 11420

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print) FLOYD A. RANER

2. DATE AND HOUR OF DEATH 11-29-72 | 11 40 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: MARYLAND GENERAL HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTO
C. CITY OR TOWN: Fallston D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: Box 66

5. SEX: MALE 6. RACE: CAUCASIAN 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 11/4/13 9. AGE (In years last birthday): 59 If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTENANCE
10B. KIND OF BUSINESS OR INDUSTRY: ST. OF MD.
11. BIRTHPLACE (State or foreign country): NEW YORK
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eddie Raner
14. MOTHER'S MAIDEN NAME: Leona Tuler

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 706-16-3146
17. INFORMANT: Chart ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 157.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Pancreatic Carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 11/17/72
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: ulcer, ascites
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/10 19 72 to 11/29 19 72 that (I) (we) last saw the deceased alive on 11/28 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert Wilensky M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/29/72
23C. PHYSICIAN'S NAME (Type): Robert Wilensky M. D. DEGREE
23D. ADDRESS: Md. General Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/1/72
24C. NAME of CEMETERY or CREMATORY: Woodlawn Cemetery
24D. LOCATION (City, town, or county) (State): Woodlawn, Balto. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR: Sidney Morton
25C. FUNERAL DIRECTOR ADDRESS: E.F. Lassahn, 11750 Belair Rd. Kingsville, Md. 21087

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-300 72 11421

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11421
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): MARY MARGARET WOOD

2. DATE AND HOUR OF DEATH: 11-30-72 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1266 SARGEANT STREET 21223

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2102
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1266 SARGEANT ST. BALTO. 21223

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	W	WIDOWED [XX]	1-13-1914	58				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DELUXE WRAPPER	HUTZLER BROS.	MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN T. SIMMONT	MARGARET R. HENIEKLE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	218-09-08	ROBERT D. WOOD	1266 SARGEANT ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

I 153.8
(A) IMMEDIATE CAUSE: Metastasis to brain
DUE TO, OR AS A CONSEQUENCE OF:
(B) 2 Carcinomas of colon
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
12/20/70	Cis Colon	No	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work / Not While At Work	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 2/18/1970 to 11/30/1972, that (I) (we) last saw the deceased alive on 11/18/1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Samuel J. Abrams MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12/1/72
23C. PHYSICIAN'S NAME (Type): Samuel J. Abrams DEGREE
23D. ADDRESS: 7220 Park Heights Avenue, Balto., Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
BURIAL	12-4-72	LOUDON PARK CEMETERY	BALTIMORE	MARYLAND

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 4 1972	Sidney H. Norton	HUBBARD FUNERAL HOME	4107 WILKENS AVE.

VS 150-REV. 1/1/68

1

M-520 72 11422 STATE OF MARYLAND DEPT

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 72 11422

1. NAME OF DECEASED (Type or Print): JOHN MANIS

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month — Day — Year — Hour

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 26 — Year: 1972 — Hour: 11:30p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
38 University Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Howard 6300
C. CITY OR TOWN: Glenwood D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Rt. 97

6. SEX: male
7. RACE: white
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: Nov. 26, 1912
10. AGE (In years last birthday): 60
If Under 1 Yr. or Under 24 Hrs. — Months | Days | Hours | Min.
11. BIRTHPLACE (State or foreign country): Tenn.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Manis
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
14B. KIND OF BUSINESS OR INDUSTRY: Trucking
15. MOTHER'S MAIDEN NAME: Dixie Mowell
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No ---
17. SOCIAL SECURITY NO.: 215 18 1661
18. INFORMANT — ADDRESS: Mrs. Vena Manis Glenwood, Md.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
E812.1 I — Multiple injuries
(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Arteriosclerotic cardiovascular disease

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): road
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Rt. 144 Popular Spring, Howard County
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 11-26-72 ? m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Passenger in auto-auto collision.

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED: 11-27-72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11-30-72
24C. NAME of CEMETERY or CREMATORY: Calvery Baptist Cemetery
24D. LOCATION (City, town, or county) (State): Ridgeville Carroll Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR — ADDRESS: Harry W. Haight Sykesville, Md

VS 151-REV. 1/1/68

N 796.8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-530 72 11423 REG. NO. 72 11423

STATE OF MARYLAND-DRAFT

1. NAME OF DECEASED (Type or Print): KENNEDY, WILLIAM OSCAR

2. DATE AND HOUR OF DEATH: DECEMBER 1, 1972 | 6:15A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: ST AGNES HOSPITAL 40
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2854
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4701 SAYER AVENUE APT-B 21229

5. SEX: MALE
6. RACE: CAUCASIAN
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 02 27 98
9. AGE (In years last birthday): 74
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10B. KIND OF BUSINESS OR INDUSTRY: BISCUIT CO.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: JOHN KENNEDY
14. MOTHER'S MAIDEN NAME: ANNA -

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216 07 8395
17. INFORMANT: RECORDS ADDRESS: BALTIMORE MD 21229 ST AGNES HOSPITAL WILKENS &CATON AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

441.2 I

(A) IMMEDIATE CAUSE: Myocardial Infarction 5-6 a.m. 12/1/72
DUE TO, OR AS A CONSEQUENCE OF:

(B) Acute Renal Failure
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 11/29/72
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Abdominal Aortic Aneurysm
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?: —

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that [X] (this hospital) attended the deceased from NOVEMBER 28, 19 72 to DECEMBER 1, 19 72, that [X] (we) last saw the deceased alive on DECEMBER 1, 19 72 and that in [XX] (our) opinion death occurred on the date and hour and from the causes stated above. [X] (We) (did) (did not) view the body after death.

23A. SIGNATURE: Tin. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12/1/72

23C. PHYSICIAN'S NAME (Type): TIN JANEVATHANAVITYA M.D. DEGREE
23D. ADDRESS: ST AGNES HOSPITAL WILKENS & CATON AVE BALTIMORE MD 21229

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-4-72
24C. NAME of CEMETERY or CREMATORY: MEADOWRIDGE CEMETERY
24D. LOCATION (City, town, or county) (State): HOWARD COUNTY MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR: Sidney Silverstone
25C. FUNERAL DIRECTOR: HUBBARD FUNERAL HOME
ADDRESS: 4107 WILKENS AVE.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

P-625 72 11424

STATE OF MARYLAND-DEPT. OF HEALTH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 72 11421

1. NAME OF DECEASED (Type or Print): WILLIAM PERKINS

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month — Day — Year — Hour

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 27 — Year: 1972 — Hour: 9 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 2233 E. Pratt St.

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Md. B. COUNTY: 105
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2233 E. Pratt St.

6. SEX: male
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH
10. AGE (In years last birthday): 56 (If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.)
11. BIRTHPLACE (State or foreign country): POUND July-25-1916, VA.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: CHARLES LUTHER
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CITY FIREMAN
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: ELIZABETH SEXTON
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): WW-II
17. SOCIAL SECURITY NO.: 403-16-7304
18. INFORMANT: MRS. RAND ADDRESS: HOLBROOKS - SIS.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of larynx
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D. M.D.
CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED: 11-27-72

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: DEC-1-72
24C. NAME of CEMETERY or CREMATORY: HAMILTON CEM.
24D. LOCATION (City, town, or county) (State): POUND, VA.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: Billy L. O'Dell ADDRESS: POUND, VA

VS 151-REV. 1/1/68

24279

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. T-460 72 11425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11425

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): TILLER, Stanley C.

2. DATE AND HOUR OF DEATH: December 2, 1972 1:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital
23 3900 Loch Raven Blvd.
Baltimore, Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland B. COUNTY: 901
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 739 Argonne Drive

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5/20/02
9. AGE (In years last birthday): 70
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman Railroad
10B. KIND OF BUSINESS OR INDUSTRY: Balto., & Ohio RR
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wyatt Tiller
14. MOTHER'S MAIDEN NAME: Sarah West

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 8-1-19 to 3-4-20
16. SOCIAL SECURITY NO.: 218-10-8565
17. INFORMANT: Records ADDRESS: VAH, 3900 Loch Raven Blvd., Balto., Md. 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE: Gram neg. Pneumonia DUE TO, OR AS A CONSEQUENCE OF:	3 days
	(B) DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	

4864

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from December 1, 1972 to December 2, 1972, that (I) (we) last saw the deceased alive on December 2, 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12/2/72
23C. PHYSICIAN'S NAME (Type): MARK KASOWITZ, M.D. DEGREE
23D. ADDRESS: 3900 Loch Raven Blvd., Balto., Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/5/1972
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR: Sidney Weston
25C. FUNERAL DIRECTOR: Eugenia K. Seitz ADDRESS: Seitz Funeral Home 5209 York Rd. 21212

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-300 72 11426 REG. NO. 72 11426 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): MABEL READ
2. DATE AND HOUR OF DEATH: 11/30/72 7:30 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HARBOR VIEW NSG. HOME
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Md. B. COUNTY: 2006 — C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES [X] NO [ ] — E. STREET AND NUMBER: 3225 Leeds Street
5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Feb. 23, 1893
9. AGE (In years last birthday): 79 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Worker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Roy McPherson
14. MOTHER'S MAIDEN NAME: Mabel Moore
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 217-01-5226
17. INFORMANT: Mrs. Beatrice I. McGuirk — ADDRESS: 3225 Leeds St.

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 427.4

(A) IMMEDIATE CAUSE: Left Middle Cerebral CVA — 10/14/1972

DUE TO, OR AS A CONSEQUENCE OF:

(B) Atrial Fibrillation, Left Bundle Branch Block — Years

DUE TO, OR AS A CONSEQUENCE OF:

(C) — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Chronic Obstructive Pulmonary Disease — Years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED — While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from November 21 19 72 to November 30 19 72, that ~~(I)~~ (we) last saw the deceased alive on November 30 19 72 and that ~~in~~(my) (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Peter H Rheinstein, MD DEGREE — Attending Phys. [X] Med. Director [X] Staff Phys. [ ]
23B. DATE SIGNED: 1 Dec 1972
23C. PHYSICIAN'S NAME (Type): PETER H RHEINSTEIN, MD DEGREE
23D. ADDRESS: Harbor View Convalescent Center

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-4-1972
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR: Sidney [illegible]
25C. FUNERAL DIRECTOR — ADDRESS: G. Howard Strong 3207 W. North Ave.,

VS 150-REV. 1/1/68

1

G-140 72 11427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11427

STATE OF MARYLAND-DEATH

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Naomi A. Goebel

2. DATE AND HOUR OF DEATH: Dec. 2, 1972 | 5.15 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Caton Manor Nursing Center

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 2733

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 5002 Grindon Ave.,

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	White	WIDOWED [X]	Aug. 28, 1887	85		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstress	Clothing	Md.	U. S. A.

13. FATHER'S NAME: Hugh Bannon

14. MOTHER'S MAIDEN NAME: ? Rush

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-05-9113

17. INFORMANT: Robert H. Goebel ADDRESS: 2014 Oak Drive 21207

CAUSE OF DEATH

18. 431.91

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose, injury or complicotion which coused deoth.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Intracerebral Hemorrhage	3 days
(B) DUE TO, OR AS A CONSEQUENCE OF:	Arteriosclerosis	?
(C)		

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in or about home, form, foctory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exoct locotion)

21D. TIME OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this haspitol) attended the deceased from Nov. 28 1972 to Dec. 2 1972, that (I) (we) last saw the deceased olive on Dec. 1 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
[signature] DEGREE	Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]	12-2-72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Dr. A. Kochman DEGREE	7945 Stevenson Rd - Balto 21208

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-4-1972	Lorraine Park	Woodlawn Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 4 1972	[signature]	G. Howard Strong 3207 W. North Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 72 11428 REG. NO. 72 11428 STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ROSENTHAL, ALBERT
2. DATE AND HOUR OF DEATH: 11/30/72 | 9 05 AM M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: MD. B. COUNTY: BALTO. C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐ E. STREET AND NUMBER: 7201 VALLEY COUNTRY Ct., APT. A4
5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12/5/93
9. AGE (In years last birthday): 78
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETAIL
10B. KIND OF BUSINESS OR INDUSTRY: MERCHANT
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: JACOB ROSENTHAL
14. MOTHER'S MAIDEN NAME: REBECCA ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 218-32-3674
17. INFORMANT: MRS. ANNA ROSENTHAL, 7201 VALLEY COUNTRY CT. ADDRESS: APT. A4

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: MASSIVE C.V.A. — 6-8 hrs
DUE TO, OR AS A CONSEQUENCE OF:

(B) LEUKEMIA. — 3 months
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). ASCVD & Coronary Insufficiency.

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/6/ 19 72 to 11/30/ 19 72 that (I) (we) last saw the deceased alive on 11/30/ 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mihas DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11/30/72
23C. PHYSICIAN'S NAME (Type): ANASTASIOS MIHAS DEGREE
23D. ADDRESS: SINAI HOSPITAL OF BALTIMORE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/1/72
24C. NAME of CEMETERY or CREMATORY: ANSHE NEISEN
24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR: Sidney Silverstone
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in o hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendonce on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to deoth. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-365 72 11429 — BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11429

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Leroy Stern

2. DATE AND HOUR OF DEATH: 11/30/72 | 3 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital of Md. 46
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2720
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 4012 Fords Lane Apt. 2C

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Male	White		6-7-94	78 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BUYER	MOSES KAHN & CO.	BALTIMORE, MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	IIZZIE ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
YES W.W. I ARMY		XXXXXXX MRS. SADIE STERN	4012 FORDS LANE, APT. 2C

MEDICAL CERTIFICATION

18. 162.1 I — CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	RENAL FAILURE	
DUE TO, OR AS A CONSEQUENCE OF:	CONGESTIVE HEART FAILURE	
	CARCINOMA OF THE LUNG	
(B) DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		yes.	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOV. 15th 19 72 to NOV. 30th 19 72 that (I) (~~we~~) last saw the deceased alive on NOV. 29th 19 72 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☐	23B. DATE SIGNED
Famuyiwa M.D.	M.D.				11-30-72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
FAMUYIWA, O.O.O.	M.D.	LUTHERAN HOSPITAL OF MD. 730 ASHBURTON ST. BALTIMORE

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	12/1/72	OHEB SHALOM	BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 4 1972	Sidney Silverstone	SOL LEVINSON & BROS.,	6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

EYE BANK CALLED

E-250

72 11430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 72 11430

BIRTH NO.

STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): EAGAN, RITA C

2. DATE AND HOUR OF DEATH: NOVEMBER 27, 1972 12:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE 5300

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 4624 MAGNOLIA AVE 21227

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
FEMALE	CAUCASIAN	MARRIED ☒	02/05/05	67		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	own Home	NORTH CAROLINA	U.S.A.

13. FATHER'S NAME: JOHN RUSSELL

14. MOTHER'S MAIDEN NAME: IDA GODWIN WATSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 215-03-5066

17. INFORMANT: CATON & WILKENS AVES. BALTO, MD 21229 ST. AGNES HOSPITAL RECORDS. ADDRESS

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 412.3 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Coronary arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C) Possible Cerebral infarct

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		YES	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 27, 1972 to NOVEMBER 27 1972, that (I) (we) last saw the deceased alive on NOVEMBER 27 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: K. Esna M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): K. ESNA DEGREE

23D. ADDRESS: BALTO, MD 21229 ST. AGNES HOSPITAL; CATON & WILKENS AVES

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/30/72	Meadowridge Cemetery	Dorsey, Howard, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 4 1972	Sidney [illegible]	Ambrose, Inc. 1328 Sulphur Spr. Rd.	

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-300 72 11431 REG. NO. 72 11431

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): RAIDY, DAVID WILLIAM II

2. DATE AND HOUR OF DEATH: NOVEMBER 30, 1972 7:35 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
VETERANS ADMINISTRATION HOSPITAL
3900 LOCH RAVEN BOULEVARD
BALTIMORE, MARYLAND 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN: Randallstown D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 10714 Liberty Road 21133

5. SEX: MALE 6. RACE: CAUCASIAN 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11-30-16 9. AGE (In years last birthday): 56 If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HAIR STYLIST
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD
12. CITIZEN OF WHAT COUNTRY? UNITED STATES

13. FATHER'S NAME: DAVID W RAIDY
14. MOTHER'S MAIDEN NAME: MARTHA LOWERY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) YES (If yes, give war or dates of service) 5/24/45 to 6/15/46
16. SOCIAL SECURITY NO. 216 03 57 98
17. INFORMANT: Medical Records
VA Hospital, Baltimore, Md. 21218 ADDRESS

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: HEPATIC FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: YEARS
DUE TO, OR AS A CONSEQUENCE OF:

(B) BLEEDING ESOPHAGEAL VARICIES — ONE MONTH
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): PORTAL HYPERTENSION ESOPHAGEAL VARICES

19A. DATE OF OPERATION: NONE
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY Ooccur?

22. I certify that (X) (this hospital) attended the deceased from OCTOBER 22 19 72 to NOVEMBER 30 19 72, that (X) (we) last saw the deceased alive on NOVEMBER 30 19 72 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (XXXX) view the body after death.

23A. SIGNATURE: Jonathan L. Shurberg, M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] — 23B. DATE SIGNED: 12-1-72
23C. PHYSICIAN'S NAME (Type): JONATHAN SHURBERG, M. D. DEGREE
23D. ADDRESS: VA Hospital, Baltimore, Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/4/1972
24C. NAME of CEMETERY or CREMATORY: MOUNT PARAN CEMETERY
24D. LOCATION (City, town, or county): RANDALLSTOWN (State): BALTIMORE MD.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR: Sidney Weston
25C. FUNERAL DIRECTOR: LORING BYERS FUNERAL DIRECTORS, P. A. 8728 Liberty Road ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-260 72 11432

STATE OF MARYLAND-DHMH

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11432

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SHIRLEY Katherine M. Swauger

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 30 — Year: 72 — Hour: 6:20 P.M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 30 — Year: 72 — Hour: 6:20 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3332 Elmora Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2653

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 24 FEB. 1947
10. AGE (In years last birthday): 25
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

E. STREET AND NUMBER: 1730 Freedom Way

11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WADE D. MITCHELL

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
14B. KIND OF BUSINESS OR INDUSTRY: —
15. MOTHER'S MAIDEN NAME: IDA FRENCH

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
17. SOCIAL SECURITY NO.
18. INFORMANT: HELEN BOWDEN, PRINCETON, W. VA. — ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — E 955.X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Shotgun wound of head
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): House
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3332 Elmora Avenue 841

22D. TIME OF INJURY (APPROX.) — (Month): 11 — (Day): 30 — (Year): 72 — (Hour): P.m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ — NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCoccur? shot self in head

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ (Partial) and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: W P Mulloy M.D.
EXAMINER'S NAME (Type): William P. Mulloy, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 12-1-72

24A. BURIAL CREMATION, REMOVAL (Specify): Removal/Burial
24B. DATE: 2-4 Dec. 72
24C. NAME of CEMETERY or CREMATORY: Resselaun Memorial Gardens
24D. LOCATION (City, town, or county) (State): Princeton, W. Va.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Ulrich Funeral Home, Balto, Md. — ADDRESS: For Beaver Funeral Service, Princeton, W. Va.

VS 151-REV. 1/1/68

N 85411

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

T-355 BIRTH NO. 72 11433

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11433
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Minnie Tiedeman

2. DATE AND HOUR OF DEATH: Dec. 1, 1972 | 12:30 a M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): House in the Pines-Bel-Aire, 5837 Belair Road, Baltimore, Md. 40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 21213 833
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2861 Pelham Avenue

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	Caucasian	WIDOWED [X]	11/7/1891	81		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Dept. Store	Baltimore, Maryland	USA

13. FATHER'S NAME: Charles Lederer

14. MOTHER'S MAIDEN NAME: Elizabeth Reeb

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	--	214-24-7109	Earl M. Lang	5605 Sagra Rd. 21239 (Cousin)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Cancer metastasis	6 months
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Adenocarcinoma of sigmoid	14 months
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
September 1971	Adenocarcinoma of sigmoid	NO	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work / Not While At Work	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from July 19 71 to November 30 19 72
that (I) (We) last saw the deceased alive on October 30 19 72 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (~~did~~) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. / Med. Director / Staff Phys.	23B. DATE SIGNED
Melvin F. Polek		[X]	12/2/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Dr. Melvin F. Polek		3603 Belair Road Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/4/1972	Parkwood Cemetery	Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 4 1972	Sidney Winston	Eugenia K. Seitz Seitz Funeral Home 5209 York Rd. Balto

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospitol and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-525

BIRTH NO. 72 11434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11434

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): JOHNSON EULA LEE

2. DATE AND HOUR OF DEATH: 11-25-72 | 9:10 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: U OF MD HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 1402
C. CITY OR TOWN: BALT.
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1401 ARGYLE AVE.

38

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ SEP DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F M	N		12-15-14	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		S. CAROLINA	USA

13. FATHER'S NAME: LONNIE WORTHY

14. MOTHER'S MAIDEN NAME: Rosa Anna Sly

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	none	Myrtle Ford (sister)	645 Lafayette Ave Balt. Md.

CAUSE OF DEATH

18. 153.8 I + 250.9 II

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the diseose, injury or complicotion which caused deoth.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	CARDIO PULM. ARREST	
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	METASTATIC ADENO CARCINOMA OF COLON	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	DIABETES MELLITUS	

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OCT 18-72	INTEST. OBSTRUCTION		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medicol examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct 17 19 72 to 11-25 19 72
that (I) (we) last saw the deceased alive on 11-25 19 72 and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE		23B. DATE SIGNED
WHBouchelle MD DEGREE	Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒	11-25-72

23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
BOUCHELLE DEGREE	UH

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-2-1972	Lincoln Mem. Cem	Hol. Suitland Rd. P.G. Md. Co

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 4 1972	Audrey Johnston	Gateys Funeral Home	3831 Ga. Ave. NW

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-652 72 11435

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11435

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Crenshaw Mildred Carroll

2. DATE AND HOUR OF DEATH: 11-30-72 | 5:05 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital

4 8

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: HARFORD 6200
C. CITY OR TOWN: Magnolia Md.
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 210 Magnolia Rd.

5. SEX	6. RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	W		5/11/05	67				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Microphotographer Worker, US-govt.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Theodore Polk Donahoo
14. MOTHER'S MAIDEN NAME: Estelle Elizabeth Stevens

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 220-20-7260
17. INFORMANT: Raymond T. Donahoo, Sr, ADDRESS: Magnolia, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

410.9 1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardia arrest
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Myocardial infarction.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-28 19 72 to 11-30 19 72 that (I) (we) last saw the deceased alive on 11-30 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. Segueira DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11-30-72

23C. PHYSICIAN'S NAME (Type): A. Segueira DEGREE
23D. ADDRESS: Maryland General Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Dec. 3, 1972,	Cokesbury Memorial Cemetery	Abingdon, Harford Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR: Sidney Wharton
25C. FUNERAL DIRECTOR: Howard K. McComas, III, ADDRESS: Abingdon, Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-200 72 11436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11436 STATE OF MARYLAND-DEPT.

1. NAME OF DECEASED (Type or Print): MC QUAY, LORENA GENEVIEVE

2. DATE AND HOUR OF DEATH: NOVEMBER 28, 1972 3:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
40 ST AGNES HOSPITAL
CATON & WILKENS AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO XX
E. STREET AND NUMBER: 1328 STEVENS AVENUE 21227

5. SEX: FEMALE
6. RACE: CAUCASIAN
7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12/15/96
9. AGE (In years last birthday): 75
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SOUTH CAROLINA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: THOMAS BENNETT
14. MOTHER'S MAIDEN NAME: JESSIE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 212-16-4009
17. INFORMANT: BALTIMORE MARYLAND ADDRESS 21229
ST AGNES HOSPITAL CATON & WILKENS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

250.91

(A) IMMEDIATE CAUSE: 1) Diabetes mellitus
DUE TO, OR AS A CONSEQUENCE OF: 2) Chronic pyelonephritis
3) Myocardial infarction

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 1
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that X (this hospital) attended the deceased from NOVEMBER 27 19 72 to NOVEMBER 28 19 72, that X (we) last saw the deceased alive on NOVEMBER 28 19 72 and that in (my) XX (our) opinion death occurred on the date and hour and from the causes stated above. (X (We) (did) XXXX (did not)) view the body after death.

23A. SIGNATURE: K Y Huang DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 11 29 72
23C. PHYSICIAN'S NAME (Type): K HUANG DEGREE
23D. ADDRESS: BALTIMORE MARYLAND 21229
ST AGNES HOSPITAL -CATON & WILKENS

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-1-72
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR: Sidney Morton
25C. FUNERAL DIRECTOR ADDRESS: Hubbard Funeral Home 4107 Wilkens Avenue

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-420

BIRTH NO.

72 11437

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

72 11437

Registered No.

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): ROELECKE, CHARLES O.

2. DATE AND HOUR OF DEATH: NOVEMBER 28, 1972 11:30 P.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospitol or institution, give street address or location): 200 SOUTH TREMONT RD BALTIMORE, MD 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2854
C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 200 SOUTH TREMONT RD

5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M.	W	(MARRIED)	5/23/04	68				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED U.S. NAVY		WOODLAWN MD	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
OSCAR ROELECKE	ANNIE HILDEBRANDT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	215-07-9655	WIFE	

MEDICAL CERTIFICATION

18. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or camplicotion which coused deoth.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost.

CAUSE OF DEATH

(A) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE

DUE TO CEREBRO VASCULAR ACCIDENTS, MULTIPLE

(B)

DUE TO

(C) CORONARY INSUFFICIENCY

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED White At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from DEC 1971 to NOV 1972, that (I) (~~we~~) last saw the deceased alive on OCTOBER 1972 and that in(my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: E. Kasaitis M.D. Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 11/28/72

23C. PHYSICIAN'S NAME (Type): E. KASAITIS, M.D.

23D. ADDRESS: 1801 FREDERICK RD BALTO - 28

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county)	(State)
BURIAL	12-2-72	LOUDON PARK CEMETERY	BALTIMORE	MARYLAND

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 4 1972		HUBBARD FUNERAL HOME	4107 WILKENS AVE. 21229

VS 150-REV. 1/1/65

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. N-236 72 11438

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11438

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Homer C. Nester

2. DATE AND HOUR OF DEATH: 11-26-72, 12.55 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home & Hospital 35

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 202
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [V] NO [ ]
E. STREET AND NUMBER: 1805 E. Baltimore St.

5. SEX: M.
6. RACE: W.
7. MARRIED [V] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 04-29-22
9. AGE (In years last birthday): 50
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY: PAINTING
11. BIRTHPLACE (State or foreign country): UNKNOWN
12. CITIZEN OF WHAY COUNYRY? USA.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 230-12-7063
17. INFORMANT: HOMER. NESTER. ADDRESS: 1805 E BALT ST BALT. MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

410.91

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Acute Myocardial Infarct — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
(B) DUE TO, OR AS A CONSEQUENCE OF: Ascvd COPD.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes, by phone, daughter
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10-21, 19 72 to 11-26, 19 72
that (I) (We) last saw the deceased alive on 11-26-72 19 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/26/72
23C. PHYSICIAN'S NAME (Type): FIROOZ MD DEGREE
23D. ADDRESS:

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 11-29-72
24C. NAME of CEMETERY or CREMATORY: VOE M. ANATOMY BOARD
24D. LOCATION (City, town, or county) (State): BALT. MD.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: RAYMOND J. CURRAN ADDRESS: 827 SEVERN AVE TOWSON MD

VS 150-REV. 1/1/68

1

72 11439 STATE OF MARYLAND-DEPT.

BALTIMORE CITY HEALTH DEPARTMENT

C-636 BC

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11439

BIRTH NO. 72-13718

1. NAME OF DECEASED (Type or Print) Denise Carter			2. DATE OF DEATH Known ☒ Estimated ☐	Month 11	Day 29	Year 72	Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 Maryland General Hospital			3. DATE PRONOUNCED DEAD	11	29	72	9:30 a. M.
6. SEX: female	7. RACE: Negro	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md.	B. COUNTY: 1703	C. CITY OR TOWN: Balto.	D. INSIDE CITY LIMITS? YES ☐ NO ☐	
9. DATE OF BIRTH: 9/8/72	10. AGE (In years last birthday)	If Under 1 Yr. or Under 24 Hrs. Months: 2½ Days: Hours: Min.:	E. STREET AND NUMBER: 1210 Argyle Avenue				
11. BIRTHPLACE (State or foreign country): Baltimore, Md	12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME: Dennis Carter				
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY		15. MOTHER'S MAIDEN NAME: Elizabeth Barney				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	17. SOCIAL SECURITY NO.		18. INFORMANT: Miss Elizabeth Barney, Same	ADDRESS			

MEDICAL CERTIFICATION

19. 795X I — CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Sudden death in infancy

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
2		yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Peter Lipkovic, M.D. M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 11/29/72

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/2/72	Arbutus Mem Park	Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 4 1972	Lidy Nworton	Adolphus Halstead	1206 W North Ave

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-400 72 11440

BIRTH NO. 71-18385 BC

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11440

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): SHARON HILL

2. DATE AND HOUR OF DEATH: 11/29/72 | 5:45 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: UNIVERSITY OF MD. HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1502
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1548 N. FULTON AVE

5. SEX: F
6. RACE: B
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10 | 18 | 71
9. AGE (In years last birthday): /
If Under 1 Yr. Months: 2 | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTO
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ERNEST LEWIS
14. MOTHER'S MAIDEN NAME: GERALDINE POWELL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Geraldine Hill, same
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: SUSPECTED SEPSIS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 20 HRS
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.
(B) SICKLE CELL ANEMIA
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1:00 PM 11/29 1972 to 5:45P 11/29 1972
that (I) (we) last saw the deceased alive on ____ 19____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Judith V. McLaughlin M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 11/29/72
23C. PHYSICIAN'S NAME (Type): Judith V. McLaughlin MD DEGREE
23D. ADDRESS: 22 S. GREENE ST BALTO MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/2/72
24C. NAME of CEMETERY or CREMATORY: MT Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR: Sidney Morton
25C. FUNERAL DIRECTOR: A dolpus Halstead
ADDRESS: 1206 W North Ave

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-460 72 11441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11441

STATE OF MARYLAND-DE

BIRTH NO.

REG. NO.

1. NAME OF DECEASED (Type or Print): Taylor William

2. DATE AND HOUR OF DEATH: 12/2/72 | 7-20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 Maryland General Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 1702
C. CITY OR TOWN: Balto 21202
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 402 Cummings Ct

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
M	W		12/4/07	64 66 yrs				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Andrew Taylor

14. MOTHER'S MAIDEN NAME: ??

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-10-5978

17. INFORMANT: Mrs Mary Mayhew ADDRESS: 1237 Druid Hill Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

519.3

(A) IMMEDIATE CAUSE: Severe Respiratory failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Chronic obstructive Lung Disease
DUE TO, OR AS A CONSEQUENCE OF:
(C) Chronic Congestive heart failure

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Arteriosclerotic Cardiovascular Disease

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/24/1922 to 12/2/1922 that (I) (we) last saw the deceased alive on 12/1/22 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: B.K. Dewar md DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 12/2/22

23C. PHYSICIAN'S NAME (Type): Bharat Dewar md DEGREE

23D. ADDRESS: Maryland General Hosp Balto

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 12/7/72

24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cemetry

24D. LOCATION (City, town, or county) (State): A A County Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972

25B. NAME OF REGISTRAR: Audrey Moorton

25C. FUNERAL DIRECTOR: Adolphus Halstead ADDRESS: 1200 W North Ave Halstead Enterprises

VS 150-REV. 1/1/68

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B-628 72 11442

STATE OF MARYLAND-DEHH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11442

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HENRY BOWERS

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month — Day — Year — Hour M.

3. DATE PRONOUNCED DEAD — Month December — Day 1 — Year 1972 — Hour 11:30 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: MARYLAND GENERAL HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New York
B. COUNTY:

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Jamica (Jamaica)
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 4-1-1925
10. AGE (In years last birthday): 47
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
E. STREET AND NUMBER: 165-20 115th Avenue

11. BIRTHPLACE (State or foreign country): Jacksonville, Fla.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: UNKNOWN

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: R.Road
15. MOTHER'S MAIDEN NAME: Essie Bowers

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): YES WW II
17. SOCIAL SECURITY NO.: 266-10-6809
18. INFORMANT — ADDRESS: Bolden Funeral Home, N.Y.

MEDICAL CERTIFICATION

19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Intracerebral Hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertensive cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
Deputy CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 12/2/72

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE: 12-4-72
24C. NAME of CEMETERY or CREMATORY: Long I. Nat. Cem.
24D. LOCATION (City, town, or county) (State): Long I., New York

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR — ADDRESS: Milton L. Dickson 1129 N. Caroline St

VS 151-REV. 3/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

S-530 BIRTH NO. 72 11443 REG. NO. 72 11443 STATE OF MARYLAND-DEATH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): SUSIE SMITH

2. DATE AND HOUR OF DEATH: 12/2/72 2:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 704
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1810 E MADISON STREET

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	N	WIDOWED [X]	12/25/01	70				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bowling Green. Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 216-07-4235
17. INFORMANT: ADDRESS:

CAUSE OF DEATH

1B. 156.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Adenocarcinoma of the
DUE TO, OR AS A CONSEQUENCE OF: Gall bladder
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/1 1972 to 12/2 1972, that (I) (we) last saw the deceased alive on 12/2 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Craig R. Smith M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12/2/72
23C. PHYSICIAN'S NAME (Type): CRAIG R. SMITH M.D. DEGREE
23D. ADDRESS: 601 N. BROADWAY, BALTIMORE Md.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/5/72	Mt. Calvary	B.C. County - Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR: Lindsay Anderson
25C. FUNERAL DIRECTOR: Joseph E. Lock Jr. ADDRESS: 1304 N. Central Ave

VS 150-REV. 1/1/68

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P-300 72 11414

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11414

1. NAME OF DECEASED (Type or Print): EDWARD PETTY

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
33 JOHNS HOPKINS HOSPITAL

3. DATE PRONOUNCED DEAD: Month Day Year Hour
December 1, 1972 6:08 P. M.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 1062

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 4-15-06
10. AGE (In years last birthday): 66
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
E. STREET AND NUMBER: 1106 Abbott Ct.

11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Petty

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Etta Olgsby

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Nettie Corporal ADDRESS: 1307 N. Lakewood Ave

MEDICAL CERTIFICATION

19. 412.4 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☒ ~~Autopsy~~ ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
Deputy CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 12/2/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-8-72
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, town, or county) (State): Gaffney South Carolina

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: Wm. C. March ADDRESS: 928 E. North Ave.

VS 151-REV. 7/1/68

1

R-152 72 1145

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 1145

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): MAXINE ROBINSON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour

3. DATE PRONOUNCED DEAD: Month December Day 1 Year 1972 Hour 7:28 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
2345 Harford Road

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 805

6. SEX: Female
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 4-9-23
10. AGE (In years last birthday): 49
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 2345 Harford Road

11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Reason

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Susie Burroughs

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Alfreda Diggs ADDRESS: 6615 Allegany Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

571.8 I

(A) IMMEDIATE CAUSE: Fatty metamorphosis of liver
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
Deputy CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 12/2/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-6-72
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: Wm. C. March ADDRESS: 928 E. North Ave.

VS 151-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-320

BIRTH NO. 72 11446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11446

1. NAME OF DECEASED (Type or Print): BUTTS, TRAVIS

2. DATE AND HOUR OF DEATH: 11-26-72 10⁵⁰ AM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BON SECOURS HOSPITAL
34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 909
C. CITY OR TOWN: BALTIMORE, MD.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2401 EUTAW PLACE

5. SEX: MALE
6. RACE: NEGRO
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 2-19-76
9. AGE (In years last birthday): 96
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ANDREW BUTTS
14. MOTHER'S MAIDEN NAME: PEGGY ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNKNOWN
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 094-20-5897
17. INFORMANT:
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Chronic Cerebro-vascular disease	
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	As CVD.	not known
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Chronic obstructive Pulmonary disease

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/12/72 19__ to 11/26/72 19__ that (I) (we) last saw the deceased alive on 11/26/72 19__ and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. Herrera DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): ALFREDO HERRERA DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-1-72
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Arbutus Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Wm. C. March
ADDRESS: 928 E. North Ave.

VS 150-REV. 1/1/68

6/25/69 - Adm.

1303 Ensor St.

1

R-263 72 11447

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11447

1. NAME OF DECEASED (Type or Print): EUGENE RICHARDSON

2. DATE OF DEATH: Known ☒ Estimated ☐ Month: November Day: 28 Year: 1972 Hour: 5:25 A M.

3. DATE PRONOUNCED DEAD: Month: November Day: 28 Year: 1972 Hour: 5:25 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Baltimore City Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 605

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 5-21-36
10. AGE (In years last birthday): 36
If Under 1 Yr. or Under 24 Hrs. Months | Days | Hours | Min.
E. STREET AND NUMBER: 253 Douglass Court

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Eugene G. Richardson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Long Shorman
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Mildred James 72 11448

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 212-32-6209
18. INFORMANT: Leroy Ricardson ADDRESS: 253 Douglass Ct.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E929X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Fracture - Dislocation of C6 on C7

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 11-4-72
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Laminectomy C5 - C7
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Hillen & East Streets

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Nov. 4, 1972-1:45 A m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Resisting arrest by Police Officer

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: November 28, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-2-72
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park Cem.
24D. LOCATION (City, town, or county) (State): Arbutus Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Wm. C. March
ADDRESS: 928 E. North Ave.

VS 151-REV. 1/1/68

N 805.6

12-28-1972 - Completion of cause of death on a pending medical examiner death certificate - Marvin S. Platt, M.D. hs

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W-452 72 11448 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11448

BIRTH NO. 72-08215 DC

1. NAME OF DECEASED (Type or Print): JEROME E. WILLIAMS

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: November — Day: 28 — Year: 1972 — Hour: — M.

3. DATE PRONOUNCED DEAD — Month: November — Day: 28 — Year: 1972 — Hour: 8:00 AM

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 5029 Chalgrove Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2717

6. SEX: Male
7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [ ]

9. DATE OF BIRTH: 6-6-72
10. AGE (In years last birthday)
If Under 1 Yr. or Under 24 Hrs. — Months: 5 — Days: — Hours: — Min.:
E. STREET AND NUMBER: 5029 Chalgrove Avenue

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jerome Watson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Geraldine Williams

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Willie Mae Williams — ADDRESS: 5029 Chalgrove Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

795-X I

(A) IMMEDIATE CAUSE: Sudden death in infancy
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: November 28, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-1-72
24C. NAME of CEMETERY or CREMATORY: Mt. Calvery Cemetery
24D. LOCATION (City, town, or county) (State): Ann Arundel Ct. Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: Wm. C. March
ADDRESS: 928 E. North Ave.

VS 151-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

T-416

BIRTH NO. 72 11449

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11449

1. NAME OF DECEASED (Type or Print): Eugene A. Tolliver

2. DATE AND HOUR OF DEATH: Nov. 30, 1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2751 Winchester Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1607
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2751 Winchester Street

5. SEX	6. RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Male	Negro		4-19-32	40				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Steelworker	Bethlehem Steel	Wash., D.C.	

13. FATHER'S NAME: Harry Tolliver

14. MOTHER'S MAIDEN NAME: Cora Beckett

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	Korean	578-42-4954	Mrs. Daisy Tolliver	2751 Winchester St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1B. I	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	(A) IMMEDIATE CAUSE: Myocardial Infarction	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Arteriosclerotic Heart Disease	
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
	ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1968 to July 1971 that (I) (we) last saw the deceased alive on 1971 and that in(my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☒	23B. DATE SIGNED
Barnett Berman, M.D.					

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
BARNETT BERMAN, M.D.		SINAI HOSPITAL, BALTO., MD.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-4-72	Harmony MeM. Park	Wash., D.C.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 4 1972		Wm. C. March	928 E. North Ave.

VS 150-REV. 1/1/68

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72 11450

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11450

BIRTH NO. L-532

1. NAME OF DECEASED (Type or Print) EDITH C. LENTZ			2. DATE OF DEATH Known ☒ Estimated ☐	Month December	Day 1	Year 1972	Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 MERCY HOSPITAL			3. DATE PRONOUNCED DEAD	December	1	1972	2:00 P. M.
6. SEX: Female	7. RACE: White	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland	B. COUNTY: 5300	C. CITY OR TOWN: Catonsville	D. INSIDE CITY LIMITS? YES ☐ NO ☒	
9. DATE OF BIRTH: 5/28/16	10. AGE (In years last birthday): 56	If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.	E. STREET AND NUMBER: 5315 Old Frederick Road				
11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME: Charles W. Lentz				
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY: 1st Nat. BANK		15. MOTHER'S MAIDEN NAME: Leah A. Romoser				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)	17. SOCIAL SECURITY NO. 215-07-3381		18. INFORMANT: Elizabeth R. Lentz	ADDRESS: 5313 Old Frederick			

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I 410.9 — Antero lateral myocardial infarction

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
		yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S Platt M.D.

EXAMINER'S NAME (Type): Marvin S. Platt, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 12/2/72

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	12-6-72	Loudon Park Cem.	Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 4 1972		WEBER FUNERAL HOME	5311 EDMONSON AVE.

VS 151-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner ar his assistant if death occurred in a hospital and the body was released ta the hospital by a medical examiner. Alsa, if the direct ar contributing cause of death shows: (1) An accident af any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician wha pranounced death was in regular attendance on the deceased priar to death); and (6) Na physician was in regular attendance an the deceased prior to death. Such written appraval must be abtained before the remains are embalmed ar final dispasition is made.

BIRTH NO. S-530

BALTIMORE CITY HEALTH DEPARTMENT

72 11451 CERTIFICATE OF DEATH

REG. NO. 72 11451

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Marie SMITH

2. DATE AND HOUR OF DEATH: 12-1-72 1:47 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 90
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Midtown Home, Inc. 808 St. Paul Street Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 203
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 518 S. Ann Street

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	W		9-9-10	62				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		MD	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM CZERWINSKI	ANASTASIA

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	212-22-8518	VIOLA PRICE	2602 MARYLAND AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not meon the mode of dying, e.g., heort foilure, osthenia, etc. It meons the disease, injury or complicotion which coused deoth.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Cardiac Failure	Sudden
DUE TO, OR AS A CONSEQUENCE OF:	Pulmonary Oedema	
(B)	A.S.C.V.D.	?
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	C.V.A. Right Hemiplegia	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospitol) ottended the deceosed from 5/9/72 19 ... to 12/1 19 72, thot (I) (we) lost saw the deceased alive on 12/1 19 72 and thot in (my) (our) opinion deoth occurred on the dote ond hour ond from the couses stoted above. (I) (We) (did) (did not) view the body ofter deoth.

23A. SIGNATURE	DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☑	23B. DATE SIGNED
Joseph S. Bloom					12/1/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
JOSEPH S. BLOOM	MD	1156 Calvert St

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	DEC 5 1972	HOLY ROSARY CEM	DUNDALK MD.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 4 1972	Sidney Whitaker	JOHN M. WEBER & SONS INC.	401 S CHESTER

VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-524 72 11452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11452

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): HARLAN CONKLIN

2. DATE AND HOUR OF DEATH: 11/29/72 | 6 30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): GOULD CONVALASARIUM 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 2734
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6116 BELAIR RD

5. SEX: MALE | 6. RACE: WHITE | 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ] | 8. DATE OF BIRTH: 9.21.96 | 9. AGE (In years last birthday): 76 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNKNOWN | 10B. KIND OF BUSINESS OR INDUSTRY: UNKNOWN | 11. BIRTHPLACE (State or foreign country): PURCELVILL, VIRGINIA | 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: UNKNOWN | 14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): WWI (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 578-30-9924 | 17. INFORMANT: VETERANS ADM. RECORDS | ADDRESS: BALT. MD.

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAUSE: Arteriosclerotic Heart Disease	yrs
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) DUE TO, OR AS A CONSEQUENCE OF: Generalized Arteriosclerosis	yrs
	(C) DUE TO, OR AS A CONSEQUENCE OF:	
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Chronic Brain Syndrome, Parkinson's Disease	yrs

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0 | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No): No | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] | 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 3/5/ 1972 to 11/29/ 1972, that (I) (~~we~~) last saw the deceased alive on 11/29/ 1972 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Albert B Bradley DEGREE | Attending Phys. [✓] Med. Director [✓] Staff Phys. [ ] | 23B. DATE SIGNED: 11/29/72

23C. PHYSICIAN'S NAME (Type): Dr. Albert Bennett Bradley DEGREE | 23D. ADDRESS: 4900 Belair Road, Baltimore, Maryland 21206

24A. ~~BURIAL~~ CREMATION, REMOVAL (Specify) | 24B. DATE: 12.6.72 | 24C. NAME of CEMETERY or CREMATORY: DULANY VALLEY CEM. | 24D. LOCATION (City, town or county) (State): COCKEYSVILLE, BALT. MD.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972 | 25B. NAME OF REGISTRAR: Sidney J. Weston | 25C. FUNERAL DIRECTOR: RAYMOND J. CURRAN | ADDRESS: 817 SCARBOROUGH DR, TOWSON, MD.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

S-426 BIRTH NO. 72 11453 REG. NO. 72 11453 STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): SCHLEICHER, FRITZ W

2. DATE AND HOUR OF DEATH: NOVEMBER 29, 1972 | 7:15A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
40 ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: HOWARD 6300
C. CITY OR TOWN: ELLICOTT CITY D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 8749 E TOWN & COUNTRY BLVD. 21043

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
MALE	CAUCASIAN	NEVER MARRIED ☒	07/13/00	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER	BREWERY	GERMANY	U.S. CITIZEN

13. FATHER'S NAME: JULIAN SCHLEICHER

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: 219-01-2454

17. INFORMANT ADDRESS: CATON & WILKENS AVES. BALTO, MD 21229 ST. AGNES HOSPITAL RECORDS;

CAUSE OF DEATH

18. 250.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	URAEMIA.	½ Year
DUE TO, OR AS A CONSEQUENCE OF:	CHRONIC RENAL FAILURE	3 years.
(B) DUE TO, OR AS A CONSEQUENCE OF:	DIABETES MELLITUS	30 yrs.
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Rt. Pleural effusion	6 months

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NONE	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 27 1972 to NOVEMBER 29 1972, that (I) (we) last saw the deceased alive on NOVEMBER 29 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Harjit Singh M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 11.29.72

23C. PHYSICIAN'S NAME (Type): HARJIT SINGH DEGREE — 23D. ADDRESS: BALTO, MD 21229 ST. AGNES HOSPITAL; CATON & WILKENS AVES

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/2/72	Moreland Mem. Park	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972 — 25B. NAME OF REGISTRAR: [illegible] — 25C. FUNERAL DIRECTOR ADDRESS: Edw. S. MacNabb Sons Inc. 301 Frederick Road Catonsville, Md.

VS 150-REV. 1/1/68

1

H-530 72 11454

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

72 11454

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Hazel Hunt

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 11 — Day: 30 — Year: 72 — Hour: 3:10 P. M.

3. DATE PRONOUNCED DEAD — Month: 11 — Day: 30 — Year: 72 — Hour: 3:10P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1437 E. Baltimore Street 1-24-73

CERTIFICATE AMENDED

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 301
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 428 S. Bond St. or 19 S. Dallas Street

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. DATE OF BIRTH: July 15, 1927
10. AGE (In years last birthday): 45
If Under 1 Yr. If Under 24 Hrs. — Months | Days | Hours | Min.
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Adolphus Hunt
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Zerie Almands
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.: -----
18. INFORMANT — ADDRESS: Carl E. Hunt, 806 Martin Rd., Balto., Md.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I
(A) IMMEDIATE CAUSE: Blunt force injury to abdomen
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Fatty metamorphosis of liver

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 12
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): unknown
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): unknown
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): unknown m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR? unknown

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☒

ACTUAL SIGNATURE: W P Mulloy M.D.
EXAMINER'S NAME (Type): William P. Mulloy, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 12-1-72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/4/72
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): 7225 Eastern Ave., Balto.,Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR: Sidney Winston
25C. FUNERAL DIRECTOR — ADDRESS: Lilly & Zeiler, Inc. 1901 Eastern Ave.,Balt

VS 151-REV. 1/1/68

N869.0

1-24-1973 - Letter from the Office of the Chief Medical Examiner - William P. Mulloy, M.D.
Assistant Medical Examiner hs

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D-165 72 11455

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11455

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): CATHERINE DI FRANCESCO

2. DATE AND HOUR OF DEATH: DEC. 1, 1972 - 4:30PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1 N. COLLINGTON AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 603

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [x] NO [ ]

E. STREET AND NUMBER: 1 N. COLLINGTON AVE.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
FEMALE	WHITE	NEVER MARRIED [x]	FEB. 7, 1913	59		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MACHINE OPERATOR	SPORTSWEAR	BALTIMORE, MARYLAND	U.S.A.

13. FATHER'S NAME: FRANK USTASIEWSKI

14. MOTHER'S MAIDEN NAME: ROSE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
NO	213 18 1727	MRS. BARBARA STAWSKI , 3021 WOODSIDE AVE., BALTO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Arteriosclerotic Heart Disease	
DUE TO, OR AS A CONSEQUENCE OF:		
(B) DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Obstructive Pulmonary Disease CHRONIC	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While At Work [ ] Not While At Work [ ]	

22. I certify that (I) (this hospital) attended the deceased from March 1922 to Dec 1 1922 that (I) (we) last saw the deceased alive on Nov 28 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE / DEGREE	Attending Phys. [x] Med. Director [ ] Staff Phys. [ ]	23B. DATE SIGNED
[signature]		12/2/72

23C. PHYSICIAN'S NAME (Type) / DEGREE	23D. ADDRESS
Andrew LEMischka MD	2608 E. Baltimore St Balto Md

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	12/5/72	HOLY ROSARY CEMETERY	GERMAN HILL RD., BALTO., MD.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR / ADDRESS
DEC 4 1972	Sidney Morton	LILLY & ZEILER, INC. 1901 EASTERN AVE., BALTO

VS 150-REV. 1/1/68

F-632

BIRTH NO. 72 11456

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11456

STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): WILLIAM FRITZ

2. DATE AND HOUR OF DEATH: 12/2/72 | 7:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL
33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 603
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2246 E. FAYETTE ST AVE.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
MALE	WHITE	WIDOWED [X]	7-9-07	65		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Disabled	—	Baltimore, MD.	USA

13. FATHER'S NAME: WILLIAM FRITZ SR.

14. MOTHER'S MAIDEN NAME: O'LEARY, CORA

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
yes	WW I	213-10-0038	Wm. Fritz, Jr.	5707 Johnnycake Rd. 21207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST
DUE TO, OR AS A CONSEQUENCE OF:

(B) PNEUMONIA
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

I 486 X

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
12		YES	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/1/72 19 72 to 12/2 19 72, that (I) (we) last saw the deceased alive on 12/2 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	Attending Phys. [X]	Med. Director [ ]	Staff Phys. [ ]	23B. DATE SIGNED
K. Osborne MD DEGREE				12/2/72

23C. PHYSICIAN'S NAME (Type) K. OSBORNE, DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/6/72	Western Cemetery	Baltimore, Md. 21229

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 4 1972	Sidney Norton	Geo. L. Lahrt, Inc.	201 Frederick Ave. Balt. Md. 21223

VS 150-REV. 1/1/68

B-630

72 11457

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11457

STATE OF MARYLAND-DHMH

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Gertrude A. Broadway

2. DATE AND HOUR OF DEATH: 12/1/72 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1801 Poplar Grove St. Balto. Md. 21226

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: ~~Md.~~ B. COUNTY: Md. 1506
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1801 Poplar Grove St.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	C	WIDOWED [X]	10/13/04	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hopkins

14. MOTHER'S MAIDEN NAME: Brown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-20-85

17. INFORMANT: 12 — ADDRESS: Ruby Webb 3923 Bonner Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: ASCVD — 1yr+
DUE TO, OR AS A CONSEQUENCE OF: Cerebral Ischemia
(B) DUE TO, OR AS A CONSEQUENCE OF: Congestive
(C): Failure

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
N/A	N/A	No	No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED — While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 5/25/71 19 to 19, that (I) (~~we~~) last saw the deceased alive on 10/2p 19 72 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE — DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ] — 23B. DATE SIGNED 12/4/72

23C. PHYSICIAN'S NAME (Type) Othman Kayr DEGREE MD — 23D. ADDRESS 2225 W. North Ave Balto 21216

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	12-5-72	Mt. Auburn	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT. DEC 4 1972 — 25B. NAME OF REGISTRAR Sidney J. Morton — 25C. FUNERAL DIRECTOR C. Wainwright — ADDRESS 2700 Edmondson

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-522 72 11458

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11458

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): COMEGYS, MORRIS III

2. DATE AND HOUR OF DEATH: 12/3/72 16:05 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: LUTHERAN HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1602
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1211 N PARRISH ST.

5. SEX: MALE
6. RACE: BLACK
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-27-46
9. AGE (In years last birthday): 27
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10B. KIND OF BUSINESS OR INDUSTRY: /
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? AMERICAN

13. FATHER'S NAME: MORRIS COMEGYS
14. MOTHER'S MAIDEN NAME: Thelma DOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-44-7795
17. INFORMANT: MORRIS COMEGYS
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 304.01

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE — DUE TO, OR AS A CONSEQUENCE OF:	Aspiration Pneumonia	3 days
(B) DUE TO, OR AS A CONSEQUENCE OF:	ALCOHOLISM	10 years
(C)	ADDICTION (Heroin)	4 months

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: None
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): None
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.): None
21E. INJURY OCCURRED — While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? None

22. I certify that (I) (this hospital) attended the deceased from 12-2-72 19__ to 12-3 19 72 that (I) (we) last saw the deceased alive on 12-2-72 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Labog M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): RENATO A. LABOG, M.D. DEGREE
23D. ADDRESS: LUTHERAN HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-7-72
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

29A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
29B. NAME OF REGISTRAR: Sidney Winston
25C. FUNERAL DIRECTOR: Nelson F. H. 7348 V. Bailey Calhoun St.
ADDRESS:

VS 1SO-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-200

BIRTH NO. 72 11459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11459

STATE OF MARYLAND-DEATH

1. NAME OF DECEASED (Type or Print): MUSE, Maria

2. DATE AND HOUR OF DEATH: December 1, 1972 | 7:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 90
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Midtown Home, Inc. 808 St. Paul Street Baltimore, Maryland 21202

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2802
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4200 Maine Avenue #15

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	B		12-15-82	89		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Armstead Johnson
14. MOTHER'S MAIDEN NAME: Dora

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 215-58-0651
17. INFORMANT: Virginia Cockeral
ADDRESS: 1705 Pulaski St.

CAUSE OF DEATH

18. 4127

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cardiac Arrest	Sudden
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	A.S.C.V.D.	?
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 8 19 72 to December 1 19 72, that (I) (we) last saw the deceased alive on Nov. 10 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph S. Blum DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12/1/72
23C. PHYSICIAN'S NAME (Type): JOSEPH S. BLUM MD DEGREE
23D. ADDRESS: 1154 Calvert St.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-5-72	Church Cem.	Reedville, Va.

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR: Sidney Wootton
25C. FUNERAL DIRECTOR: Y. Bailey Kelson F.H.
ADDRESS: 1348 N. Calhoun St.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-363 72 11460 REG. NO. 72 11460 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): STEUART HELEN M.

2. DATE AND HOUR OF DEATH: 12-3-72 11.5 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE UNION MEMORIAL HOSPITAL 44

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: BALTIMORE B. COUNTY: MARYLAND 2711
C. CITY OR TOWN: MARYLAND D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 353 Homeland Southway BALTO MD. 21212

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 11-26-89 9. AGE (In years last birthday): 83 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: Own Home 11. BIRTHPLACE (State or foreign country): MARYLAND Md 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ALBERT MARSHALL 14. MOTHER'S MAIDEN NAME: MARION BURKE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): no 16. SOCIAL SECURITY NO.: 212-05-6698-B 17. INFORMANT: Mr. William C. Steuart ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Cardiac arrest Cardiac arrest
(B) DUE TO, OR AS A CONSEQUENCE OF: Resp. Shock metabolic shock
(C) Leaking of abdominal aneurysm Leaking of abdominal aneurysm

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 12/3/72 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Abdominal aneurism 20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12-3 19 72 to 12-3 19 72, that (I) (we) last saw the deceased alive on 12-3 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mehdi Fakbrau M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED: 12-3-72

23C. PHYSICIAN'S NAME (Type): Mehdi Fakbrau M. D. DEGREE 23D. ADDRESS: Staff, Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12-5-72 24C. NAME of CEMETERY or CREMATORY: Green Mount Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972 25B. NAME OF REGISTRAR: Evelyn Winston 25C. FUNERAL DIRECTOR ADDRESS: Henry W. Jenkins Sons 4905 York Rd. Baltimore, Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased priar to death); and (6) No physician was in regular attendance on the deceased priar to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-624 72 11461

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11461
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): MR. James B. Marshall, Sr.

2. DATE AND HOUR OF DEATH: December 2, 1972 4 30 (P.M.)

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 1307
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 500 W. University Pkwy.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	W	[X] / [ ] / [ ] / [ ]	1/22/95	77		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Furniture Sales	Furniture	Penna - Ivania	USA

13. FATHER'S NAME: John K. Marshall

14. MOTHER'S MAIDEN NAME: Martha Musselman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	215-05-0300	Ada Addison Marshall	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the diseose, injury or complicotion which coused deoth.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	Coronary Thrombosis	—
DUE TO, OR AS A CONSEQUENCE OF:	HSHD Parkinson's Disease	4 years.
(B) DUE TO, OR AS A CONSEQUENCE OF:	Diabetes Mellitus	4 years.
(C)	Urinary retention due to BPH	Days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	See above	

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factary, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] / Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1940 19 to Dec. 2 1972, that (I) (we) last saw the deceased alive on Dec 1 1972 and that In (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE	DEGREE			23B. DATE SIGNED
[signature]		Attending Phys. [X]	Med. Director [ ] Staff Phys. [ ]	11/2/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Louis P. Hamburger Jr.	M.D.	1001 St Paul St Baltimore Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-5-72	Woodlawn Cemetery	Woodlawn Balto. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 4 1972	[signature]	Henry W. Jenkins Sons 4905 York Rd. Baltimore, Md. 21212

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-616 72 11462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11462

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): HARPER, ROYAL

2. DATE AND HOUR OF DEATH: 12/03/72 | 1:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: BALTIMORE B. COUNTY: MARYLAND 806
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1817 N. CASTLE STREET

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	B	NEVER MARRIED [X]	10/3/08	64		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Steel Worker	Bethlehem Steel	N.C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Garfield Harper	Lonnie Albritton

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	213-14-5604	Mrs. Mamie Harper	1817 N. Castle St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: METASTATIC TUMOR — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 months
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) HYPERCALCEMIA
DUE TO, OR AS A CONSEQUENCE OF:

(C) RENAL CELL CANCER

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
NONE	—	NO	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
NO	NO	—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?
—		

22. I certify that (this hospital) attended the deceased from 11-28 1972 to 12-3 1972, that (I) last saw the deceased alive on 12/3 1972 and that in(my) opinion death occurred on the date and hour and from the causes stated above. (I) (did) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys.	Med. Director	Staff Phys.	23B. DATE SIGNED
A.S. Giritsky	MD	[ ]	[ ]	[X]	12/3/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
A.S. GIRITSKY		JOHNS HOPKINS HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-7-72	Baltimore Cemetery	Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 4 1972	[signature]	Wm. C. March	928 E. North Ave.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

B-400 [redacted] 72 11463 — BIRTH NO. 4/1/91 — REG. NO. [redacted] 72 11463 — STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Blue, Samuel L
2. DATE AND HOUR OF DEATH: 12/1/72 — 8 00 a.m. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Bolton Hill Nursing Home
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Md. — B. COUNTY: 301 — C. CITY OR TOWN: Balto — D. INSIDE CITY LIMITS? YES ☑ NO ☐ — E. STREET AND NUMBER: 12 N. Dallas St.
5. SEX: MALE
6. RACE: BLACK
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 4/01/91
9. AGE (In years last birthday): 80 81 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Roland Blue
14. MOTHER'S MAIDEN NAME: Martha Blue
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: [redacted]-10-1619
17. INFORMANT: Mr. Chesterfield McNair — ADDRESS: Rt 5 - Box 362 Fayetteville NC

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 4/2/13 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: arteriosclerotic heart disease. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: several yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): blind in right eye — several years.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED — While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-19-72 19 to 12-1-72 19 72 that (I) (we) last saw the deceased alive on 12-1-72 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E Ellsworth Cook M.D. DEGREE — Attending Phys. ☐ Med. Director ☑ Staff Phys. ☐
23B. DATE SIGNED: 12-4-72
23C. PHYSICIAN'S NAME (Type): E ELLSWORTH COOK M.D. DEGREE
23D. ADDRESS: 2431 MARYLAND AVE. BALTO Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): B
24B. DATE: Dec 7/72
24C. NAME of CEMETERY or CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Balt Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 4 1972
25B. NAME OF REGISTRAR: Sidney Whorton
25C. FUNERAL DIRECTOR — ADDRESS: Joseph L. Russ 2222 W. North Ave

VS 150-REV. 1/1/68

H-2521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 72 11464 REG. NO. 72 11464

STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): PRESTON L. HEAGGANS, SR.

2. DATE AND HOUR OF DEATH: Nov. 27, 1972 | 3:45 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2333 Edmondson Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1605
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2333 Edmondson Ave.

5. SEX: Male
6. RACE: Colored
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Oct. 25, 1926
9. AGE (In years last birthday): 46
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cement Finisher
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charlie Heaggans
14. MOTHER'S MAIDEN NAME: Emma Rankin

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Rosa Lee Heaggans, 2333 Edmondson Ave.
ADDRESS

MEDICAL CERTIFICATION

18. 410.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Coronary Thrombosis

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [ ]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3/16 1967 to 11/27 1972 that (I) (we) last saw the deceased alive on 11/1 1972 and that in(my) (our) opinion death occurred an the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Emerson R Julian MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/29/72
23C. PHYSICIAN'S NAME (Type): EMERSON R JULIAN, M.D DEGREE
23D. ADDRESS: 2329 Edmondson Ave Baltimore Md 21216

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/2/72
24C. NAME of CEMETERY or CREMATORY: Mt. Tabor Cemetery
24D. LOCATION (City, town, or county) (State): Statesville, N.C.

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR: Sidney [illegible]
25C. FUNERAL DIRECTOR: Patterson & Mangum F.H.
ADDRESS: 206 Garfield St. Statesville, N.C.

VS 150-REV. 1/1/68

1

B 650 72 11465
R-340
BIRTH NO.

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 72 11465

1. NAME OF DECEASED (Type or Print): RICHARD RIDLEY (BROWN)

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month — Day — Year — Hour

3. DATE PRONOUNCED DEAD — Month: 12 — Day: 4 — Year: 1972 — Hour: 10 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
46 Lutheran Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1502

6. SEX: male

7. RACE: negro

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 3-3-1945

10. AGE (In years last birthday): 27

If Under 1 Yr. Months / Days; If Under 24 Hrs: Hours / Min.

E. STREET AND NUMBER: 1312 N. Mount St.

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur Ridley

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Etta Claud

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT — ADDRESS: Etta Ridley South Hampton Va.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I 485 X — widespread bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Russell S Fisher M.D.

EXAMINER'S NAME (Type): Russell S. Fisher, M.D.

CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 12-4-72

24A. BURIAL CREMATION, REMOVAL (Specify): Removal

24B. DATE: 12 5 72

24C. NAME of CEMETERY or CREMATORY: South Hampton Family

24D. LOCATION (City, town, or county) (State): lot South Hampton Va.

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972

25B. NAME OF REGISTRAR: Sidney [illegible]

25C. FUNERAL DIRECTOR — ADDRESS: Isaiah L. Brown 123 W. Montgomery S

VS 151-REV. 1/1/68

12/22/72 - Letter from Dr. Russel S.Fisher.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-452 72 11466

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11466
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Ladell Williams

2. DATE AND HOUR OF DEATH: Dec 1 1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital DOA

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Balto. 1606
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2741 Edmonson Ave.

5. SEX: Male 6. RACE: Negro 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Oct 15, 1916 9. AGE (In years last birthday): 56
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.cC
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Williams
14. MOTHER'S MAIDEN NAME: Laura ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 217 05 7944
17. INFORMANT: Raymond Williams ADDRESS: 2741 Edmonson Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose, injury or complicotion which coused deoth.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

4.10.9 I

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hours
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Heart Disease — years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 19 65 to Nov 28 19 72, that (I) (we) last saw the deceased alive on Nov 28 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert E. Stoner, MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12-4-72
23C. PHYSICIAN'S NAME (Type): Robert E. Stoner DEGREE
23D. ADDRESS: 714 York Rd Towson Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12 5 72
24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cemetery
24D. LOCATION (City, town, or county) (State): A. A. CO. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR: Sidney [illegible]
25C. FUNERAL DIRECTOR: L L Brown & Son PA ADDRESS: 123 W. Montgomery

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-650 72 11467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11467

STATE OF MARYLAND-DHMH

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Brown Ernestine

2. DATE AND HOUR OF DEATH: Dec. 2 1972 | 9 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 90 George Washington Nursing Home
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY: 1709 Barclay Street D05
C. CITY OR TOWN: BALT.
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 607 Penna Ave

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6/[illegible]/37
9. AGE (In years last birthday): 35
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Chester S.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Hart
ADDRESS: GEO. WASHINGTON NURSING HOME BALT. MD,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CHRONIC SUBDURAL HEMATOMA
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) UNKNOWN
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 MONTHS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 5-17-72
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CEREBRAL HEMATOMA
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 28 June 19 72 to 2 Dec 19 72 that (I) (we) last saw the deceased alive on 27 Dec 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard A. Lyons M.D. DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 2 Dec 72
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: 12.2.72
24C. NAME of CEMETERY or CREMATORY: U of M Anatomy Board
24D. LOCATION (City, town, or county) (State): BALT. MD

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR: Sidney Winston
25C. FUNERAL DIRECTOR: RAYMOND J. CURRAN
ADDRESS: 817 CATHEDRAL ST. TOWSON MD 21204

VS 150-REV. 1/1/68

B-346 BC 72 11468

BIRTH NO. 72-1771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11468

STATE OF MARYLAND—DHMH

1. NAME OF DECEASED (Type or Print): Butler, BAby GirL

2. DATE AND HOUR OF DEATH: 11-20-72 | 10:50 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: SiNAI Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: ~~26~~ B. COUNTY: ~~S. Exeter St.~~ Md. BALTo.
C. CITY OR TOWN: BALTo.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 265 Exeter St. 362

5. SEX: F
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11/19/72
9. AGE (In years last birthday)
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 18 Min: 38

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LeON Butler
14. MOTHER'S MAIDEN NAME: SHeiA Bacon

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONO
17. INFORMANT: HOSP. RECORDS. ADDRESS:

MEDICAL CERTIFICATION

18. 7280 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	? CNS bleed	Birth
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	prematurity	Birth
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: NONE
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-19 19 72 to 11/20 19 72 that (I) (we) last saw the deceased alive on 11/20 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Donna L McCleary MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/20/72
23C. PHYSICIAN'S NAME (Type): Donna L. McCleary, M.D. DEGREE
23D. ADDRESS: SiNAi Hosp.

24A. BURIAL, CREMATION, REMOVAL (Specify)
24B. DATE: 12-4-72
24C. NAME of CEMETERY or CREMATORY: U of M Anatomy Board
24D. LOCATION (City, town, or county) (State): Balt. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR: Sidney [illegible]
25C. FUNERAL DIRECTOR: ~~[illegible]~~ RAYMOND J. CURRAN
ADDRESS: 817 SCARLETT DR TOWSON, MD

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

B-346 BIRTH NO. 72 11469 REG. NO. 72 11469 STATE OF MARYLAND-DEPT

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ANGELA BUTLER
2. DATE AND HOUR OF DEATH: 12/2/72 | 10:30 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins Hospital
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1512
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2801 Norfolk Avenue
5. SEX: Female
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6/14/29
9. AGE (In years last birthday): 43
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOMEMAKER
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore MD
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: STERLING GRAY
14. MOTHER'S MAIDEN NAME: JULIA HARCUM
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Stillman Butler ADDRESS: 2801 Norfolk Ave

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: INCREASED INTRACRANIAL PRESSURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 31 1

DUE TO, OR AS A CONSEQUENCE OF:

(B) INTRACEREBRAL BLEED

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 12
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/1/72 19 to 12/2/72 19, that (I) (we) last saw the deceased alive on 12/2/22 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Frederick L. Ferris Jr MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12/2/72
23C. PHYSICIAN'S NAME (Type): FREDERICK L. FERRIS JR MD DEGREE
23D. ADDRESS: JHH 601 N. BROADWAY

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/6/72
24C. NAME of CEMETERY or CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Baltimore MD 21225

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR: Sidney [illegible] Norton
25C. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible]

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. U-615 72 11470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11470 STATE OF MARYLAND-DEPT

1. NAME OF DECEASED (Type or Print): URBANSKI MR. SAM. C. (SIMON)

2. DATE AND HOUR OF DEATH: 12/2/1972 6 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 35 Church Home & Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 21231. 203
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 823 South Bond Street.

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 02-09-1917
9. AGE (In years last birthday): 55
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INVESTIGATING CLERK
10B. KIND OF BUSINESS OR INDUSTRY: SOCIAL SECURITY ADMINISTRATION
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? American.

13. FATHER'S NAME: SIMON URBANSKI
14. MOTHER'S MAIDEN NAME: MARY KUC

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No —
16. SOCIAL SECURITY NO.: 214-14-2941
17. INFORMANT: WALTER URBANSKI - ADDRESS: 1609 SHAKESPEARE ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4169

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest-.
DUE TO, OR AS A CONSEQUENCE OF:
Myocardial Infarction.
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/2/1972 to 12/2/1972 that (I) (we) last saw the deceased alive on 12/2/1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Yousuf Siddiqui M.D DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12/2/72
23C. PHYSICIAN'S NAME (Type): M. YOUSUF SIDDIQUI M.D DEGREE
23D. ADDRESS: Church Home & Hosp 100 N. Broadway Balto MD 21231.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12/6/72
24C. NAME of CEMETERY or CREMATORY: HOLY ROSARY CEMETERY
24D. LOCATION (City, town, or county) (State): BALTIMORE COUNTY, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR: Sidney J. Hamilton
25C. FUNERAL DIRECTOR: GEORGE A. WEBER - ADDRESS: 705 S. ANN ST. #2123

VS 150-REV. 1/1/68

1

L-400 72 11471

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 72 11471

1. NAME OF DECEASED (Type or Print): JAMES B. LILLY

2. DATE OF DEATH: Known ☒ Estimated ☐ Month: November Day: 30 Year: 1972 Hour: M.

3. DATE PRONOUNCED DEAD: Month: November Day: 30 Year: 1972 Hour: 7:00 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: OO
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1322 Division Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1702

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 11-7-1943
10. AGE (In years last birthday): 29
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 1322 Division Street

11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Walter Lilly

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Theresa Hinkel

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 214-40-7638
18. INFORMANT: Theresa Lilly ADDRESS: Same

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

3049

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Intravenous narcotism
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Marvin S Platt M.D.
EXAMINER'S NAME (Type): Marvin S. Platt, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: November 30, 1972

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-4-72
24C. NAME of CEMETERY or CREMATORY: Maryland National
24D. LOCATION (City, town, or county) (State): Laurel Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR: Dorothy Moore
25C. FUNERAL DIRECTOR: Berlington A. Phillips ADDRESS: 1727 W. Monroe St.

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-632 72 11472

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11472
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): CURTIS EMMA M.

2. DATE AND HOUR OF DEATH: 12-1-72 | 8:45 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTIMORE GENERAL HOSPI 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 807
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1617 E. Fedral st.

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	B		9-21-12	60		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Amelia Co. Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Morgan
14. MOTHER'S MAIDEN NAME: Nora Baker
2732 Eastwood Ave. ADDRESS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Benjamin Morgan

CAUSE OF DEATH

18. 431.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Intra - Cerebral Haemorrhage
DUE TO, OR AS A CONSEQUENCE OF:
(B) Systemic Hypertension
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
nil	nil	No.	No.

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
nil	nil	nil

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?
nil		nil

22. I certify that (I) (this hospital) attended the deceased from 11-30-19 72 to 12-1-19 72 that (I) (we) last saw the deceased alive on 12-1-19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☑	23B. DATE SIGNED
J. S. Chang M.D. DEGREE				12-1-72

23C. PHYSICIAN'S NAME (Type): J. S. CHANG M.D. DEGREE
23D. ADDRESS: South Baltimore General Hospital.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-7-72	Manassas Hill	Amelia Co. VA

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 5 1972	Sidney Wharton	Wellington L. Phillips	122 N. Mason St.

VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. Y-521

72 11473

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11473
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): JOHN J YOUNGBAR

2. DATE AND HOUR OF DEATH: 11/28/72 — 445A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: U. of Md. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HOSPITAL
38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 2534
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 623 Arsan Av

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 10-4-35
9. AGE (In years last birthday): 37
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rigger
10B. KIND OF BUSINESS OR INDUSTRY: Ship Yard
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Youngbar
14. MOTHER'S MAIDEN NAME: Helen R. Jacobs

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT: William Youngbar — ADDRESS: 623 Arsan Avenue Balto, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Infection — DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Chronic Myelocytic Leukemia — DUE TO, OR AS A CONSEQUENCE OF:

(C):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/22 19 72 to 11/28 19 72 that (I) (we) last saw the deceased alive on 11/28 19 72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: H Andrew Metzger DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11/28/72
23C. PHYSICIAN'S NAME (Type): C A METZGER DEGREE
23D. ADDRESS: U. of Md Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/30/72
24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: George J. Gonce — ADDRESS: 4001 Ritchie Highway

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-513 72 11474

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11474
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): GORDON D CAMPITELLI

2. DATE AND HOUR OF DEATH: Nov 30, 1972 13:15 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Balto Gen Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto 53300
C. CITY OR TOWN: Parkville D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 9611 Oak Summit Ave.

5. SEX	6. RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
M	W		Dec 1 1903	68		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bricklayer	Construction	Italy	USA

13. FATHER'S NAME: Philip L. Campttelli

14. MOTHER'S MAIDEN NAME: Julia Valerio

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	217-03-4966	Family records	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Coronary Art Lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2-2½ yr
DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). ASCVD — 5 yr.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O			

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 3 Sept 19 71 to 30 Nov 19 72
that (I) (we) last saw the deceased alive on 20 Oct 19 72 and that in(my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐	23B. DATE SIGNED
Howard Goodman			1 Dec 72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Howard Goodman, MD		8604 Harford road

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/4/72	Gardens of Faith Cem	Baltimore Co Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 5 1972	Lindsay Johnston	C.F.EVANS & SON	8802 Harford road

VS 150-REV. 1/1/68

MJ 1

BIRTH NO. H-451 72 11475

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11475

STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): HOLLENBERRY, MARTHA F

2. DATE AND HOUR OF DEATH: DECEMBER 1, 1972 — 3:30P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 40 ST. AGNES HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN: ~~BALTIMORE~~ ARBUTUS D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1242 VOGT AVE 21227

5. SEX: FEMALE 6. RACE: CAUCASIAN 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 08/01/90 9. AGE (In years last birthday): 82
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SILAS MONG
14. MOTHER'S MAIDEN NAME: ALICE (BEAVER) MONG

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 220-46-8178
17. INFORMANT: CATON & WILKENS AVES. BALTO, MD 21229 ST. AGNES HOSPITAL RECORDS
ADDRESS

CAUSE OF DEATH

18. 436.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ACUTE CVA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): HYPERTENSIVE CARDIOVASCULAR DISEASE & CHF

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from NOVEMBER 29 19 72 to DECEMBER 1 19 72, that (I) (we) last saw the deceased alive on DECEMBER 1 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert W. Ashmow MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12-1-72
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: BALTIMORE, MD 21229 ST. AGNES HOSPITAL; CATON & WILKENS AVES

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-4-1972
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR: Sidney Lichtstein
25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. 212[illegible]
ADDRESS

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. K-612 72 11476

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11476

STATE OF MARYLAND—DEATH

1. NAME OF DECEASED (Type or Print): Carl F. Krebs.

2. DATE AND HOUR OF DEATH: 12/1/72 — 3:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 Church Home & Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 701
C. CITY OR TOWN: City
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2901 McElderry Street.

5. SEX: M
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 1/20/98
9. AGE (In years last birthday): 74
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retd.
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Louis A. Krebs Sr.
14. MOTHER'S MAIDEN NAME: Katherine Heise.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 213-01-9514
17. INFORMANT: Hospital Chart. ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 4.10.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Cardio Pulm Failure. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 Hr.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF: ASCVD = AS + AI + CHF — Long Standing.

(C) Acute myocardial infarction 4 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/6/72 19 to 12/1 19 72
that (I) (we) last saw the deceased alive on 12/1/72 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Satpal Singh M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12/1/72
23C. PHYSICIAN'S NAME (Type): SATPAL SINGH M.D. DEGREE
23D. ADDRESS: Church Home & Hospital.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/4/72
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21213

VS 150-REV. 1/1/68

BIRTH NO. R-500 72 11477

BALTIMORE CITY HEALTH DEPARTMENT

T. CERTIFICATE OF DEATH

REG. NO. 72 11477

STATE OF MARYLAND—DHMH

1. NAME OF DECEASED (Type or Print): PATRICK RYAN SR.

2. DATE AND HOUR OF DEATH: 12-01-72 | 6:07 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 701
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 621 N. ROBINSON ST.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
MALE	WHITE	DIVORCED [X]	3-1-98	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired-Merchant Marine		MASS.	U.S.A.

13. FATHER'S NAME: JOHN RYAN

14. MOTHER'S MAIDEN NAME: ANN DAVIS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	433-26-3861	Kathleen Ryan (dghtr)	1005 Andover Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Cardiorespiratory Arrest	
(B) DUE TO, OR AS A CONSEQUENCE OF:	Pseudomonas Pneumonia	2 days
(C)	Carcinoma Stomach	

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
11-25-72	Ca Stomach	yes	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
no		

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Dec 1 19 72 to Dec 1 19 72, that (I) (we) last saw the deceased alive on Dec 1 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Charles Pappas MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] — 23B. DATE SIGNED: 12-1-72

23C. PHYSICIAN'S NAME (Type): CHARLES PAPPAS MD DEGREE — 23D. ADDRESS: JOHNS HOPKINS HOSP

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	12/5/72	Moreland Memorial Park	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 5 1972	Sidney Sinton	Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. 21213

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-620 72 11478 REG. NO. 72 11478

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): MINNA E. HARRIS

2. DATE AND HOUR OF DEATH: 12/1/72 . 7 35 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL 33 BALTIMORE, MARYLAND 21205

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 2642
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES X NO
E. STREET AND NUMBER: 5307 MORAVIA RD.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
FEMALE	WHITE	WIDOWED XX	06/21/91	81				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		216-16-3884	Robt. Harris (son)	4724 Parkside Dr.

MEDICAL CERTIFICATION

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1B. 410.9 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAUSE: CARDIAC ARREST	25 min
ANTECEDENT CAUSES. DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) DUE TO, OR AS A CONSEQUENCE OF: POSSIBLE MI	25 min
	(C) DUE TO, OR AS A CONSEQUENCE OF: ASCVD, CHF	at least 5 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	pneumonia, pleural effusion	2 days

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12/1/72 8 AM 19 72 to 12/1/72 7 PM 19 72, that (I) (we) last saw the deceased alive on 12/1/72 19 72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☒	23B. DATE SIGNED
John B Welch MD, PhD					12/1/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
JOHN B. WELCH MD, PhD		Johns Hopkins Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/5/72	Oak Lawn Cemetery	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 5 1972		Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. 21213

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

H-155

BIRTH NO. 72 11479

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11479
STATE OF MARYLAND-DHMH

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): MARY ELIZABETH H O F F MA N

2. DATE AND HOUR OF DEATH: 1 December 1972 | M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 5400 Seward Avenue 21206

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2652
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5400 Seward Avenue 21206

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Female	Caucasian	WIDOWED [X]	24 June 1878	94		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
homemaker		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Conrad Schoeberlein	(unobtainable)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	213-48-2429	Mrs. F. Leroy Johnson, 5400 Seward	21206

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
153.8
(A) IMMEDIATE CAUSE: Adeno Carcinoma Colon
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12 10 19 71 to 11 24 19 72, that (I) (we) last saw the deceased alive on 11 24 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]	23B. DATE SIGNED
			12-4-72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
Sebastian Russo, MD		5122 Harford Rd. Balto., Md. 21214

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	4 Dec 72	Woodlawn Cemetery	Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 5 1972	Sidney Whitton	Ullrich Funeral Home, Balto., Md.	21206

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. D-526 72 11480 REG. NO. 72 11480 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): OSCAR E DENKER
2. DATE AND HOUR OF DEATH: 11-30-72, 908 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 MERCY HOSPITAL
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
   A. STATE: Maryland — B. COUNTY: 1701
   C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES ☒ NO ☐
   E. STREET AND NUMBER: 306 W. Franklin St
5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8/13/93
9. AGE (In years last birthday): 79 — If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Customs Inspector
10B. KIND OF BUSINESS OR INDUSTRY: Government
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Herman Denker
14. MOTHER'S MAIDEN NAME: Anne Gairhart
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes — (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.: 212-42-6401 31
17. INFORMANT: Alma Lomp — ADDRESS: 1217 Poplar Ave.

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Respiratory Cardiac arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(C) Chronic obstructive lung disease,

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

519.3

19A. DATE OF OPERATION: 2 none — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes — 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED — While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-28 19 72 to 11-30 19 72, that (I) (we) last saw the deceased alive on 11-30 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Benedict A Termini M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ — 23B. DATE SIGNED: 11/30
23C. PHYSICIAN'S NAME (Type): Benedict A. Termini DEGREE
23D. ADDRESS: Mercy Hosp

24A. BURIAL CREMATION, REMOVAL (Specify): Burl — 24B. DATE: 12/5/72 — 24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery — 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972 — 25B. NAME OF REGISTRAR: Sidney [illegible] — 25C. FUNERAL DIRECTOR — ADDRESS: Ambrose, Inc. 1328 Sulphur Sp. Rd.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. T-30d 72 11481

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11481 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Mary Elizabeth Tate

2. DATE AND HOUR OF DEATH: Nov 29. 72 — 7 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: OO
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2915 Mallview Ave

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md. B. COUNTY: 2572
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2915 Mallview Ave Baltimore 21230

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	W	[X] MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED	Dec 4, 1914	57				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carlo A Cerko
14. MOTHER'S MAIDEN NAME: Anna Licardo

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 216 01 9568
17. INFORMANT: Paul A Tate 2915 Mallview Ave — ADDRESS: Balto 21230

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

I 1744
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Cachexia from Metastasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 Mo
(B) Metastatic Breast CA — 2 yrs
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/21 19 72 to 11/29 19 72, that (I) (we) last saw the deceased alive on 11/21 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Raymond D. Bahr DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 11/30/72
23C. PHYSICIAN'S NAME (Type): Raymond D. Bahr, M.D. DEGREE
23D. ADDRESS: St. Agnes Medical Center #304 Wilkens & Pine Hghts Balto Md. 21229

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/2/72	Holy Rosary Cemetery	7300 German Hill Road Balto Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: McCully — ADDRESS: 237 Patapsco Ave Balto Md. 21225

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-425 72 11482 REG. NO. 72 11482

STATE OF MARYLAND-DHHE

1. NAME OF DECEASED (Type or Print): WILSON, WILLIAM EDWARD

2. DATE AND HOUR OF DEATH: NOVEMBER 30 1972 10:15 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

40 ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: HOWARD 6300

C. CITY OR TOWN: ELLICOTT CITY D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 11484 FREDERICK ROAD 21043

5. SEX	6. RACE	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
MALE	CAUCASIAN		09 30 06	66				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MODEL MAKER	ELECTRIC	PENNSYLVANIA	U.S.A.

13. FATHER'S NAME: ROBERT WILSON

14. MOTHER'S MAIDEN NAME: NELLIE (HARRIS) WILSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 169 01 2727

17. INFORMANT: WILKENS AVENUE 21229 ADDRESS ST. AGNES HOSPITAL RECORDS CATON &

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Acute Subendocardial Myocardial infarction

DUE TO, OR AS A CONSEQUENCE OF:

(B): A S C V D

DUE TO, OR AS A CONSEQUENCE OF:

(C):

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2		YES	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED White At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (X) (this hospital) attended the deceased from NOVEMBER 30 1972 to NOVEMBER 30 1972, that XX (we) last saw the deceased alive on NOVEMBER 30 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (X) (We) (did) (did not) XXXX view the body after death.

23A. SIGNATURE: E Henzan DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: 11/30/72

23C. PHYSICIAN'S NAME (Type): E. HENZAN DEGREE 23D. ADDRESS: CATON & WILKENS AVENUE 21229

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-4-72	Cresthawn	West Friendship Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 5 1972	Sidney Winston	Slack F.H.	Ellicott City Md.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-400 72 11483 REG. NO. 72 11483

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): HILL, HOWARD R.

2. DATE AND HOUR OF DEATH: 12/1/72 | 5 39 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: George Washington Nursing home
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 607 PENN AVE BALTIMORE, MD 21201

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1902
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [Y] NO [ ]
E. STREET AND NUMBER: 1312 McHenry Street 21223

5. SEX: M
6. RACE: WHITE
7. [redacted] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 8/4/05
9. AGE (In years last birthday): 67
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Inspector
10B. KIND OF BUSINESS OR INDUSTRY: B&O Railroad
11. BIRTHPLACE (State or foreign country): Balto. MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~Edward~~ Edwin C. Hill
14. MOTHER'S MAIDEN NAME: ~~Mary~~ Agnes M. Higgiston

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No
If yes, give war or dates of service:
16. SOCIAL SECURITY NO.
17. INFORMANT: Kenneth E. Cameron ADDRESS 21061 119 Glendale Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — years

DUE TO, OR AS A CONSEQUENCE OF:

(B) EMPHYSEMA — years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 26 Oct 1970 to 1 Dec 1972 that (I) (we) last saw the deceased alive on 21 Nov 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard L. Lyons DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 1 Dec 72
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/5/72
24C. NAME of CEMETERY or CREMATORY: Mount Olivet Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore City, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR: Sidney Norton
25C. FUNERAL DIRECTOR: Walters Funeral Home ADDRESS: Pratt & Stricker Streets 21223

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-252 72 11484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11484

1. NAME OF DECEASED (Type or Print): Alexander Chicknoski, Sr

2. DATE AND HOUR OF DEATH: November 27, 1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 0
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1368 Walker Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2738
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1368 Walker Ave

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: July 1, 1899
9. AGE (In years last birthday): 73
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Supt. Rocchi Construction Co.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wikes Barre
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam Chicknoski
14. MOTHER'S MAIDEN NAME: Agnes Koslowski

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 212-03-1347

17. INFORMANT: Mrs Alexander Chicknoski
ADDRESS: 1368 Walker Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic Carcinoma Liver
DUE TO, OR AS A CONSEQUENCE OF:
Approximate interval between onset and death: 4-6 mos

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Coronary Artery Disease — Years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July (illegible) 1972 to November 27 1972 that (I) (we) last saw the deceased alive on Nov. 26 1972 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Newland E. Day MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: November 28-1972
23C. PHYSICIAN'S NAME (Type): Newland E. Day, MD DEGREE
23D. ADDRESS: 4-E-33rd St Baltimore Md

24A. BURIAL, CREMATION, REMOVAL (Specify): 11/30/72
24B. DATE: Burial
24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Mitchell-Wiedefeld Home
ADDRESS: 6500 York Rd

VS 150-REV. 1/1/68

1

S-365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11485

BIRTH NO. 72 11485

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print) David E. Stringer

2. DATE AND HOUR OF DEATH 11/26/72 8:35 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

33

The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY 2610

C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES XX NO ☐

E. STREET AND NUMBER 441 N. Bouldin Street

5. SEX	6. RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XXX DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Male	Cauc.		4/11/93	79				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Supervisor	Bethlehem Steel	Ohio	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Stringer	Margaret Neilinger

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no	213-07-4526	Hobart Acker, Jr., Saratoga, Calif.

CAUSE OF DEATH

MEDICAL CERTIFICATION

1B. 410.91

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose, injury or complicotion which coused deoth.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cardiac Arrest	30 Min
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Acute Myocardial Infarction	1 day
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Previous Myocardial Infarction; pulm. emboli 6wks

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Nov 25 19 72 to Nov 26 19 72, that (I) (we) last saw the deceased alive on Nov 26 19 72 and that In(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys. ☐	Med. Director ☐	Staff Phys. ☒	23B. DATE SIGNED
Bruce K Lloyd	MD				11/26/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
B.K. Lloyd	MD	Johns Hopkins

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/30/72	Meadowridge Memorial Pk.	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 5 1972	Sidney Silverstone	Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21213

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11 26 72

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-435 A140 72 11486

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11486

STATE OF MARYLAND—DEATH

1. NAME OF DECEASED (Type or Print): FRANCES KALTENHAUSER (ABEL)

2. DATE AND HOUR OF DEATH: 11/27/72 | 12:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4829 Sinclair Lane

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2652
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4829 Sinclair Lane, Balto. Md. 21213

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	W	WIDOWED [X]	7/4/96	76		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Md.	US.A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	220-54-9154	Geo. Abel, Sr. (son)	same address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

410.9 I

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Acute myocardial infarct	minutes
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Arteriosclerotic heart disease	years
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0			

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from March 1956 to 11/27/72 19__, that (I) ~~(we)~~ last saw the deceased alive on 11-3 1972 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE: Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 11-29-72

23C. PHYSICIAN'S NAME (Type): Dr. Marion Friedman DEGREE

23D. ADDRESS: 5211 Harford Rd.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/30/72	Holy Redeemer Cemetery	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 5 1972	Sidney L. Norton	Schimunek Funeral Home, Inc. 3331 Brehms Lane, Bazlto Md. 21213

VS 150-REV. 1/1/68

1

STATE OF MARYLAND-DHMH
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. D-520 72 11187 REG. NO. 72 11187

1. NAME OF DECEASED (Type or Print): RUTH G. DiNISIO

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour

3. DATE PRONOUNCED DEAD: Month Day Year Hour: November 27, 1972 11:30 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 35 E. 25th Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 206

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 1/20/15
10. AGE (In years last birthday): 57
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 35 E. 25th Street

11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Wilkins

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waitress
14B. KIND OF BUSINESS OR INDUSTRY: Sheraton Motor Inn
15. MOTHER'S MAIDEN NAME: Ora Hunt

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT ADDRESS: Geo. Dawson (son) Plantation, Fla.

MEDICAL CERTIFICATION

19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 441.2 + 193X

(A) IMMEDIATE CAUSE: Rupture of atherosclerotic addominal aorta
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Carcinoma of thyroid

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☒ Inspection ☐ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE, M.D.: Ronald N. Kornblum, M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
Deputy CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 11/29/72

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/30/72
24C. NAME of CEMETERY or CREMATORY: Baltimore Nat'l Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto, Md. 21213

VS 151-REV. 7/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-242 72 11488 REG. NO. 72 11488

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): WACLAWSKI, DOROTHY M.

2. DATE AND HOUR OF DEATH: 11-30-72 | 3:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 22 UNIVERSITY HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTO 831
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2610 PENHAM AVE. 21213

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-28-59
9. AGE (In years last birthday): 13
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: STANLEY WACLAWSKI
14. MOTHER'S MAIDEN NAME: ANGELA HITTEL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: FATHER ADDRESS: same address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A) IMMEDIATE CAUSE	RESPIRATORY ARREST	
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	BRAIN TUMOR	
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).		

238.1

19A. DATE OF OPERATION: 11 21 72
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: TUMOR
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-16-72 19 72 to 11-30 19 72 that (I) (we) last saw the deceased alive on 11-30 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David M Cook DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 11/30/72
23C. PHYSICIAN'S NAME (Type): DAVID M. COOK DEGREE
23D. ADDRESS: UNIV. HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/4/72
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR: Sidney Norton
25C. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. 21213

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-410 72 11489

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11489

REG. NO.

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Rose K. Wolff

2. DATE AND HOUR OF DEATH: Nov. 29, 1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1402 Webster St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2402
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1402 Webster St.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	White	[ ] / [ ] / [X] / [ ]	June 5, 1884	88		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	----------	Germany	U.S.A.

13. FATHER'S NAME: Conrad Wengert

14. MOTHER'S MAIDEN NAME: Barbara Heffner

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT: Miss Anna Wolff ADDRESS: 1402 Webster St. Daughter

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebro Vascular Accident — days
DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Cardio Vasular — years
DUE TO, OR AS A CONSEQUENCE OF: Disease

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED: While At Work [ ] / Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-27 19 72 to 11-29 19 72 that (I) (we) last saw the deceased alive on 11-29 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Rolando V. Gaco M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] — 23B. DATE SIGNED: 12-1-72

23C. PHYSICIAN'S NAME (Type) DEGREE — 23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-2-72	Holy Cross Cemetery	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT. DEC 5 1972 — 25B. NAME OF REGISTRAR: Sidney Morton — 25C. FUNERAL DIRECTOR ADDRESS: McCully Funeral Home 130 E. Pont Ave. 21230

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-460 72 11490 REG. NO. 72 11490 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): WILLIER – BENJAMIN H.

2. DATE AND HOUR OF DEATH: 12, 3, 72 | 1.18 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE 2713
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 6002 ROLAND AVE. BALTO MD. 21210

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11,02,90 9. AGE (In years last birthday): 82 If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAIR MAN
10B. KIND OF BUSINESS OR INDUSTRY: JOHNS HOPKINS UNIVERSITY
11. BIRTHPLACE (State or foreign country): OHIO
12. CITIZEN OF WHAT COUNTRY? U.S.A. (AMERICAN)

13. FATHER'S NAME: DAVID WELLIER
14. MOTHER'S MAIDEN NAME: ALICE RICKARD,

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-30-2843
17. INFORMANT: Mrs. H.K. Dissen ADDRESS: 6002 Roland Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Hypovolemic shock — DUE TO, OR AS A CONSEQUENCE OF:
(B) Rupture of thoracic aneurism — DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 11,21,72
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: exploration of thoracic mass
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11, 25 19 72 to 12, 3 19 72 that (I) (we) last saw the deceased alive on 12, 2, 72 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: mehdi Fakhrai M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 12,3,72
23C. PHYSICIAN'S NAME (Type): MEHDI FAKHRAI DEGREE
23D. ADDRESS: THE UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): CREMATION
24B. DATE: 12/4/72
24C. NAME of CEMETERY or CREMATORY: GREENMOUNT CREMATORY
24D. LOCATION (City, town, or county) (State): BALTIMORE, MD.

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: MITCHELL-WIEDEFELD HOME ADDRESS: 6500 YORK RD

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. E-520 72 11491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11491 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): EWING, ROBERT T. Sr
2. DATE AND HOUR OF DEATH: 11-30-72 4:00 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE UNION MEMORIAL HOSPITAL
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: 2734
C. CITY OR TOWN: BALTO. 14, D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5411 ~~XXXXXXXX~~ Walther AVE.
44
5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11-26-97
9. AGE (In years last birthday): 75
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN
10B. KIND OF BUSINESS OR INDUSTRY: Armaco Steel Co
11. BIRTHPLACE (State or foreign country): VA.
12. CITIZEN OF WHAT COUNTRY? AMERICAN
13. FATHER'S NAME: James Ewing
14. MOTHER'S MAIDEN NAME: Minnie Beck
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-09-1494
17. INFORMANT: Mrs Louise Ewing ADDRESS: Same

CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. 412.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute pulmonary edema — About 2 weeks
DUE TO, OR AS A CONSEQUENCE OF:

(B) Congestive heart failure
DUE TO, OR AS A CONSEQUENCE OF:

(C) Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0 N.A.
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): N.A.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): N.A.
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): N.A.
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): N.A.
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? N.A.

22. I certify that (I) (this hospital) attended the deceased from 11-26 19 72 to 11-30 19 72, that (I) (we) last saw the deceased alive on 11-30 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Tadashi Kuba DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11-30-72
23C. PHYSICIAN'S NAME (Type): DEGREE
23D. ADDRESS: THE UNION MEMORIAL HOSPITAL 33rd and Calvert St. BALTO. MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12/4/72
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR: Sidney Sorosky
25C. FUNERAL DIRECTOR ADDRESS: Leonard J Ruck Inc. Baltimore, Md

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-220 72 11492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11492

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Carroll F. X Mackessy

2. DATE AND HOUR OF DEATH: November 29 1972 6:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 401
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 8 Charles Plaza Apt 2404, Balto

5. SEX	6. RACE	7. MARITAL STATUS	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Male	White	MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	June 7 1912	60				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired U.S. Gov't
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas E Mackessy
14. MOTHER'S MAIDEN NAME: Mary C Mullin

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 214-14-8047
17. INFORMANT: Mr J. Carroll Dunnigan ADDRESS: 3504 Parklawn Ave.

MEDICAL CERTIFICATION

18. 162.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Septicemia
(B) Metastatic Carcinoma Lung DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
9/26/72	Carcinoma of Lung	NO	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 10 1972 to November 29 1972 that (I) (we) last saw the deceased alive on November 29 1972 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: George E Lalocco MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: November 29, 1972
23C. PHYSICIAN'S NAME (Type): George E Lalocco MD DEGREE
23D. ADDRESS:

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/2/72	New Cathedral	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR: Audrey Johnston
25C. FUNERAL DIRECTOR ADDRESS: Leonard J Ruck Inc. Baltimore, Md

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

I-520 72 11493

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 11493

REG. NO.

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Louis Inqui

2. DATE AND HOUR OF DEATH: December 1, 1972 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4515 Arabia Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2702
C. CITY OR TOWN: Baltimore,
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4515 Arabia Ave

5. SEX	6. RACE	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	White		6/1/15	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machanic		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Inqui	Gaetana DaBold

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	220-05-5202	Mrs Clara W Inqui	Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

571.0 I

(A) IMMEDIATE CAUSE: Fatty Degeneration of Liver — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2-3 years
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Chronic Alcoholism — Several years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		No	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1962 19 to July 19 72, that (I) (We) last saw the deceased alive on July 28 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Loy M Zimmerman M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] — 23B. DATE SIGNED: 12/2/72

23C. PHYSICIAN'S NAME (Type): Loy M Zimmerman M.D. DEGREE — 23D. ADDRESS: 3202 Harford Rd Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/5/72	Moreland Mem. Park	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 5 1972	Sidney Shortwell	Leonard J Ruck Inc. Baltimore, Md

VS 450-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-268 72 11494 REG. NO. 72 11494 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): MEAGHER, DOROTHEA Ann
2. DATE AND HOUR OF DEATH: 12-2-72 | 12:30 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE UNION MEM. HOSP. 44
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: MD. B. COUNTY: 2733
C. CITY OR TOWN: BALTO. D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5003 GRINDON AVE.

5. SEX	6. RACE	7. MARITAL STATUS	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
F	W	MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	4-1-90	82		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? AMERICAN USA
13. FATHER'S NAME: Thomas Lutz
14. MOTHER'S MAIDEN NAME: Margaret Winkler
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 217-46-1700
17. INFORMANT: Francis J. Meagher same — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): 436.9
(A) IMMEDIATE CAUSE: CEREBROVASCULAR ACCIDENT — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 22 days
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0 N.A.	N.A.		

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
N.A.	N.A.	N.A.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]	21F. HOW DID INJURY OCCUR?
N.A.	N.A	N.A.

22. I certify that (I) (this hospital) attended the deceased from 11-13 19 72 to 12-2 19 72, that (I) (we) last saw the deceased alive on 12-2 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Tadashi Kuba DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] — 23B. DATE SIGNED: 12-2-72
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: THE UNION MEMORIAL HOSP. 33rd and Calvert st. BALTO. MD.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/5/72	St. Joseph	Fullerton, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972 — 25B. NAME OF REGISTRAR: [illegible] — 25C. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck Inc. Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-455

BIRTH NO. 72 11495

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11495

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): Clemens, Arnold C.

2. DATE AND HOUR OF DEATH: 12/2/72 — 1:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 38 University of Maryland Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: 1701
C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 416 N Greene Street

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	White	NEVER MARRIED [X]	6/XX/09	63		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Public Utility
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: John Henry Clemens
14. MOTHER'S MAIDEN NAME: Caroline Clemens

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 218-14-8393
17. INFORMANT: Louis Clemens — ADDRESS: 624 McKewin Avenue

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardiorespiratory arrest.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Post. Sp. Gangrene intestine Sec. to Superior mesenteric
DUE TO, OR AS A CONSEQUENCE OF: arteryocclusion
(C) Pulmonary thrombi

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Ca of the Lungs

19A. DATE OF OPERATION: Bilateral Neck dissection - Intestinal resection
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ca Lungs - Mesenteric artery occlusion
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/19/72 to 12/2/72 that (I) (we) last saw the deceased alive on 12/2/72 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mehboob Ahmed MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12-2-72
23C. PHYSICIAN'S NAME (Type): MEHBOOB AHMED. M.D DEGREE
23D. ADDRESS: UNIVERSITY OF MARYLAND. HOSPITAL.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/6/72	Baltimore,	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR: Sidney L. Wootton
25C. FUNERAL DIRECTOR — ADDRESS: Leonard J Ruck Inc. Baltimore, Md

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-636 72 11496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11496

STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): CARTER, ROBERT JESSE

2. DATE AND HOUR OF DEATH: 12/1/72 2:05 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): VETERANS ADMINISTRATION HOSPITAL 3900 LOCH RAVEN BLVD BALTIMORE, MARYLAND 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 401
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 505 E. BALTIMORE STREET

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
MALE	WHITE	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	1/31/1921	51		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
BARTENDER		BALTIMORE, MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES W. CARTER	MARGARET E. SMITH

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
YES	12/2[illegible]/41 to 9/25/1943	214-18-1151	CLINICAL RECORDS-VAH, BALTIMORE, MD.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — 531.0 I 571.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	CARDIO-RESPIRATORY ARREST	1:20 AM-12/1/72
(B) DUE TO, OR AS A CONSEQUENCE OF:	G.I. BLEEDING-STOMACH ULCER	
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): LIVER DISEASE - ALCOHOLIC

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0		NO	

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
NO		

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While At Work [ ] Not While At Work [ ]	

22. I certify that (I) (this hospital) attended the deceased from 11/29/1972 to 12/1/1972, that (I) (we) last saw the deceased alive on 12/1 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE	DEGREE	Attending Phys.	Med. Director	Staff Phys.	23B. DATE SIGNED
Peter M Hartman	MD	[ ]	[ ]	[X]	12/1/72

23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS
PETER HARTMAN, M. D.		VA HOSPITAL BALTIMORE, MD.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12/5/72	Balto. National	Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 5 1972	[illegible]	LEONARD J. RUCK FUNERAL DIRECTOR Home Inc BALTO., MD.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-530 72 11497

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11497
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): John H. Schmitt, Sr.

2. DATE AND HOUR OF DEATH: 12-1-72 9 45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2748
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5412 Sagra Rd.

5. SEX	6. RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
Male	Caucasian	WIDOWED [X]	9-12-87	85		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Policeman Ret.	Balto. City P.D.	Maryland	U.S.A.

13. FATHER'S NAME: John Adam Schmitt

14. MOTHER'S MAIDEN NAME: Mary Young

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220-44-2851

17. INFORMANT: Robert Schwarz, 5412 Sagra Rd. ADDRESS

CERTIFICATION APPROVED
M.D.
MEDICAL EXAMINER OR ASST.

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic Heart Disease & Congestive Failure — 18 mos.
DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF: — 2 years

(C) Senile emphysema & chr. asthmatic bronchitis - (Y) 3 Fractured ribs — 36 hrs.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
None	None	No	No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [X] CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	HOME	1611 Darley Av.

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While At Work [ ] Not While At Work [X]	21F. HOW DID INJURY OCCUR?
Nov 29-72 8PM		Fell up cellar stairs

22. I certify that (I) (this hospital) attended the deceased from June 12 19 72 to Dec 1 19 72, that (I) (we) last saw the deceased alive on Nov 30-72 19 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: G. J. Sawyer Jr. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] — 23B. DATE SIGNED: 12/1/72

23C. PHYSICIAN'S NAME (Type): G. J. Sawyer, Jr., M.D. DEGREE — 23D. ADDRESS: 4808 Harford Rd.

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	12-4-72	Lorraine Park	Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
DEC 5 1972	Sidney Johnston	Leonard J. Ruck, Inc., 5305 Harford Rd.

VS 150-REV. 1/1/68

N 80 W. 0

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-550 72 11498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 72 11498 STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): MARLENE WAYMON

2. DATE AND HOUR OF DEATH: 12/3/72 10 9 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE CITY 604
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1864 E. Fayette St

5. SEX: F 6. RACE: N 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ] 8. DATE OF BIRTH: 9/9/64 9. AGE (In years last birthday): 8 years If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY: child

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CRAWFORD, JAMES

14. MOTHER'S MAIDEN NAME: CLEMONS, MATTIE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): (If yes, give war or dates of service): NA

16. SOCIAL SECURITY NO.:

17. INFORMANT: ADDRESS: Mattie Waymon - 1864 - E. Fayette St.

MEDICAL CERTIFICATION

18. 796.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Possible Cerebrovascular Accident
DUE TO, OR AS A CONSEQUENCE OF: or Pulmonary embolic phenomenon
(B) Sickle Cell disease + / or Rheumatic
DUE TO, OR AS A CONSEQUENCE OF:
(C) heart disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/22 19 72 to 12/3 19 72, that (I) (we) last saw the deceased alive on 12/3 19 72 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Peter Haughton, MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 12/3/72
23C. PHYSICIAN'S NAME (Type): DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 12-7-72 24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemt. 24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972 25B. NAME OF REGISTRAR: Sidney Johnston 25C. FUNERAL DIRECTOR: Moeton - Dyett F-H ADDRESS: 1700 - Laurens St.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-352 72 11499

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11499
STATE OF MARYLAND-DHMH

1. NAME OF DECEASED (Type or Print): UPTON GIDDINGS

2. DATE AND HOUR OF DEATH: 12-1-72 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1810 MULLEN STREET

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1502
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1810 Mullen Street

5. SEX: MALE
6. RACE: NEGRO
7. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-21-10
9. AGE (In years last birthday): 62
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Giddings
14. MOTHER'S MAIDEN NAME: Mary Only

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 218-01-6235
17. INFORMANT: Della Giddings ADDRESS: 431 Hutchins Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 402X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Congestive heart failure	Two months
(B) DUE TO, OR AS A CONSEQUENCE OF:	hypertension with hypertension	15 years
(C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Jan 5, 1957 to November 26 1972, that (I) (we) last saw the deceased alive on 11-26 1972 and that In(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: John E. T. Camper, M.D. DEGREE: Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 12-4-72
23C. PHYSICIAN'S NAME (Type): JOHN E. T. CAMPER, M.D. DEGREE
23D. ADDRESS: 639 N CAREY ST, BALTO., MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 12-5-72
24C. NAME of CEMETERY or CREMATORY: Western Star Cem.
24D. LOCATION (City, town, or county) (State): Balto, Md.

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR ADDRESS: MORTON & DYETT F.H., 1701-31 Laurens Street

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. T-655 7650 72 11500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO. 72 11500
STATE OF MARYLAND-DHMH

CERTIFICATE AMENDED 5/29/73

1. NAME OF DECEASED (Type or Print): Traynham, Joseph (TRAYHAM)
2. DATE AND HOUR OF DEATH: November 29, 1972 5:30p. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION: 39 — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, Inc. 2600 Liberty Height Ave. Baltimore, Md. 21215
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland — B. COUNTY: 1607 — C. CITY OR TOWN: Baltimore — D. INSIDE CITY LIMITS? YES [X] NO [ ] — E. STREET AND NUMBER: ~~1521~~ 1421 Poplar Grove St.
5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 7-27-1895
9. AGE (In years last birthday): 77 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: BETHLEHEM STEEL
11. BIRTHPLACE (State or foreign country): Virginia, HARMONY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: RICHARD TRAYNHAM
14. MOTHER'S MAIDEN NAME: ELIZABETH ~~TRAYNHAM~~ Street
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 213-09-0391
17. INFORMANT: Josephine ~~Braxter~~ Baxter (DAUGHTER) — ADDRESS: New York City 155W. 133rd. St.

CAUSE OF DEATH

18. 485 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Bronchopneumonia with
DUE TO, OR AS A CONSEQUENCE OF:
(B) abscess of lower lobe of left lung.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from November 26, 1972 to November 29, 1972, that (I) (we) last saw the deceased alive on November 29, 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE DEGREE: Hernandez, Eliminada — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: November 30, 1972
23C. PHYSICIAN'S NAME (Type) DEGREE: Hernandez M.D.
23D. ADDRESS: Provident Hospital 2600 Liberty Height Ave.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 12-4-72
24C. NAME of CEMETERY or CREMATORY: MOUNT AUBURN CEMETERY
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: DEC 5 1972
25B. NAME OF REGISTRAR: Sidney [illegible]
25C. FUNERAL DIRECTOR — ADDRESS: MORTON & DYETT F. H. 1701 LAURENS STREET

VS 150-REV. 1/1/68

5/29/73 - Correction form from funeral director.